SUPPLEMENT

TO THE

BRITISH MEDICAL JOURNAL.

LONDON: SATURDAY, JULY 6TH, 1907.

CONTENTS.

PAGE

MATTERS REFERRED TO DIVISIONS:
NOTICES OF MOTION (SUPPLEMENTARY), ANNUAL REPRESENTATIVE MEETING, EXETER ... 1
ASSOCIATION NOTICES.—1907 Annual General Meeting—Annual Representative Meeting ... 3
SEVENTY-FIFTH ANNUAL MEETING OF THE BRITISH MEDICAL ASSOCIATION:
PROGRAMME OF BUSINESS ... 4
MEETINGS OF BRANCHES AND DIVISIONS:
Aberdeen Branch ... 11
Border Counties Branch ... 11
Connaught Branch ... 12
East Anglian Branch: West Norfolk Division ... 12
Glasgow and West of Scotland Branch: North-West Division 13
Lancashire and Cheshire Branch: Liverpool (Southern) Division ... 13
Lancashire and Cheshire Branch: St. Helens Division ... 13
Lancashire and Cheshire Branch: St. Helens and Warrington Divisions ... 13
Metropolitan Counties Branch ... 13
Metropolitan Counties Branch: Kensington Division ... 15
South-Eastern Branch ... 15
" " Guildford Division ... 15
" " Isle of Thanet Division ... 15
Ulster Branch ... 16
West Somerset Branch ... 16
Worcestershire and Herefordshire Branch ... 16
HAMPSTEAD GENERAL HOSPITAL ... 16
AN EXAMINATION OF CERTAIN FRIENDLY SOCIETY STATISTICS IN THEIR BEARING UPON CONTRACT PRACTICE. By JAMES PEARSE, M.D. ... 17
THE WORKMEN'S COMPENSATION RULES, 1907 ... 19
CENTRAL MIDWIVES BOARD ... 21
NAVAL AND MILITARY APPOINTMENTS ... 21
VITAL STATISTICS ... 22
VACANCIES AND APPOINTMENTS ... 22
DIARY FOR THE WEEK ... 23
BIRTHS, MARRIAGES, AND DEATHS ... 23
BOOKS, ETC., RECEIVED ... 23
CALENDAR ... 24

SPECIAL NOTICE TO MEMBERS.

Every member is requested to preserve this "Supplement," which contains matters specially referred to Divisions, until the subjects have been discussed by the Division to which he belongs. BY ORDER.

MATTERS REFERRED TO DIVISIONS.

British Medical Association.

ANNUAL REPRESENTATIVE MEETING AT EXETER.

JULY 27TH AND 29TH, 1907, AND FOLLOWING DAYS IF NECESSARY.

NOTICES OF MOTION (Supplementary).

(Arising out of Notices previously published.)

THE following Notices have been received from Divisions and Branches of Motions to be made in the Representative Meeting, arising out of Reports of the Council and Committees or out of Notices of Motions by Divisions already published in accordance with the Regulations.

UNCLASSIFIED.

Apportionment of a Member's Annual Subscription.

By the WANDSWORTH DIVISION (Metropolitan Counties Branch):

With reference to the Addendum to the Annual Report of the Council (SUPPLEMENT of June 15th, p. 399)—

That, in the report on the apportionment of a member's annual subscription of 25s., full particulars as to the amount spent under the heading, "Meetings of Council, Representatives, and Committees, Salaries, Library," etc., are desirable.

Ethical Aspects of Medical Consultation.

By the BATH DIVISION (Bath and Bristol Branch):

With reference to Recommendation 4 in the Special Report of the Central Ethical Committee on "The Ethical Aspects of Medical Consultation" (SUPPLEMENT *of February 16th, p. 76*)—

That it is undesirable for one practitioner to meet in consultation another practitioner who professes some special peculiar system of treatment which the proposed "consultant" believes to be fallacious.

By the BLACKPOOL DIVISION (Lancashire and Cheshire Branch):

With reference to Recommendation 6, "Etiquette of Consultation," paragraphs (*i*) and (*j*),

That the words "as a rule" be omitted.

By the GLASGOW SOUTHERN DIVISION (Glasgow and West of Scotland Branch):

In connexion with Recommendation 8, "After-care of Patients"—

That the following be added to Recommendation 8:

"After surgical operations in Nursing Homes in cases where frequent dressings are necessary, it should be mutually arranged between the surgeon and the attendant how these were to be carried out."

By the BLACKPOOL DIVISION (Lancashire and Cheshire Branch):

With reference to Recommendation 10, "Consultant not to Supersede Attendant"—

That, in the last two lines, the words "unless the circumstances are exceptional," be omitted.

By the EDINBURGH SOUTHERN DIVISION (Edinburgh Branch):

That the special class designated "Consultants" should not engage in general practice.

By the NORTHAMPTONSHIRE DIVISION (South Midland Branch):

That the Report be referred back to the Ethical Committee for further consideration.

By the BOURNEMOUTH DIVISION (Dorset and West Hants Branch):

That in the event of a general practitioner considering it necessary to alter the treatment advised by a consultant, he should inform the latter, and if necessary advise a second consultation.

Hospital Administration.

(For the Report see SUPPLEMENT *of April 13th, 1907, pp. 189-90.)*

By the WEST BROMWICH DIVISION (Birmingham Branch):

That, except in cases of accident and sudden illness, admission to any department of hospitals should be by a note from a medical practitioner.

By the CITY DIVISION (Metropolitan Counties Branch):

That cases accepted by the almoner on account of emergency, etc., and trivial cases that have evaded the almoner, should be sent back by the medical officer who sees them at the hospital for a certificate from an outside practitioner before they are seen a second time.

By the CHELSEA DIVISION (Metropolitan Counties Branch):

That the system of payments of any kind by patients to any general or special hospital supported by public subscription is entirely immoral and wrong and ought at once to be stopped, inasmuch as funds provided by public benevolence are thereby being used to undersell the private practitioner.

By the WANDSWORTH DIVISION (Metropolitan Counties Branch):

With reference to Suggested Model Principle 1 of Hospital Management—

That a qualification be now introduced in Principle 1 to the effect that, with the exception of urgent cases, cases of injury or illness that come under the Workmen's Compensation Act should be deemed ineligible and referred for treatment elsewhere if the person liable for payment is not the patient.

Medical Inspection of School Children.

By the MARYLEBONE DIVISION (Metropolitan Counties Branch):

That the dental inspection and treatment of children be undertaken by dental surgeons specially appointed.

That opposition be offered to any attempt of the education authorities to enter into arrangements with hospitals for the treatment of children.

By the BRADFORD DIVISION (Yorkshire Branch):

That it is most desirable that universities and other licensing authorities should without delay establish special courses of instruction in all subjects which appertain to the effective discharge of the duties connected with the medical inspection of school children; that a degree or diploma should be instituted for those who have attended such courses and successfully passed an examination in the special subjects; that after a certain date, to be hereafter fixed, no person should be eligible for the post of school medical officer who is not possessed of such degree or diploma; and that the special course of instruction should include Psychology, Paedagogy, the necessary conditions of construction of school buildings, furniture, the effects of school work on the evolution of the body, mind, and character of the child, general hygiene and allied subjects.

By the BIRMINGHAM CENTRAL DIVISION (Birmingham Branch):

That no scheme of medical inspection is satisfactory which does not include a daily visit to each school by a medical practitioner in the district, and the appointment of a medical adviser to the Education Committee to receive, collate, and report upon the reports of the inspectors.

By the BRIGHTON DIVISION (South-Eastern Branch):

That the local Educational Authority in conjunction with the Medical Officer of Health should appoint medical officers as Inspectors from among the medical practitioners of the district.

By the SOUTH-EASTERN OF IRELAND BRANCH:

That, whatever the system of medical inspection adopted, the examiners so employed should be adequately remunerated.

By the NORTHAMPTONSHIRE DIVISION (South Midland Branch):

That when the Bill becomes law, the method of the examination of the school children shall be a matter of arrangement between the local Education Authority and the Divisions of the British Medical Association.

By the EDINBURGH SOUTHERN DIVISION (Edinburgh Branch):

That the medical inspection of school children before or at the time of their admission to a public elementary school should be made by the family doctor, and in the case of poor children, whose families have no regular medical adviser, the certificates should be granted by the dispensary or parish doctors.

By the WANDSWORTH DIVISION (Metropolitan Counties Branch):

That every medical practitioner resident within the area of the Education Authority and prepared to undertake a proportion of the duty of the Medical Inspection of School Children should be eligible for office in the Educational District or Sub-district.

That the Divisions should arrange with the Education Authority for the schools of its district a scheme for a rota of general medical practitioners which will allow of every general practitioner desirous of holding office doing so.

Estimate of Income and Expenditure for 1907.

By the WANDSWORTH DIVISION (Metropolitan Counties Branch):

With reference to Paragraph 12 of the Annual Report of the Council, "Estimate of income and expenditure for 1907" (SUPPLEMENT, May 4th, p. 235)—

That, in the opinion of the Representative Meeting, it is desirable that steps be taken to give members of the Association the opportunity to subscribe for the £40,000 in Debentures, in whole or in part, in order that the interest from the same should be paid to them instead of any outside body (*re* new buildings).

Balance Sheet, December 31st, 1906.

By the WANDSWORTH DIVISION (Metropolitan Counties Branch):

With reference to the Balance Sheet (SUPPLEMENT, May 4th, p. 236)—

That the attention of the Representative Meeting having been drawn to the fact that the Balances of Association Funds in the hands of the Home Branches were for 1904, £2,300; 1905, £3,200; 1906, £3,700, for the use of which, at all events for the present, there seems no local demand, this Meeting instructs the Central Council to call in such sums as it may consider desirable, having in view future grants and average probable local expenditures, in order to use the same for Central Expenses, and also toward the organization of the various Divisions by increased medical assistance as suggested by the Organization Committee.

Annual Report of Council.

By the WANDSWORTH DIVISION (Metropolitan Counties Branch):

With reference to the Annual Report of the Council (SUPPLEMENT, May 4th, 1907):

That it is desirable that the main point in each Paragraph of the Annual Report be printed in heavier type.

Irish Poor-law System.

By the ULSTER BRANCH:

That the main recommendations of the Viceregal Commission on the Irish Poor law System be approved of, and that the Council be requested to take proper steps to press the matter to legislation.

AMENDMENTS OF BY-LAWS.

Irish Committee.

By the WANDSWORTH DIVISION (Metropolitan Counties Branch):

With reference to the Notice of Motion by the Council of the Association as to the Irish Committee (SUPPLEMENT, April 20th, p. 198)—

That, with reference to By-law 41 (12), as it is not desirable to have a paid official in Ireland at present, the words "an Honorary" be inserted before "Secretary, resident in Ireland," and that the word 'a" be omitted.

Voting at Representative Meetings.

By the WANDSWORTH DIVISION (Metropolitan Counties Branch):

With reference to the Notice of Motion by the Kensington Division in connexion with By-law 21 (SUPPLEMENT, April 20th, p. 198)—

That in the Motion by the Kensington Division all the words after the words "such Resolution" be omitted.

Mode of Election of Members of Council by Branches.

By the WANDSWORTH DIVISION (Metropolitan Counties Branch):

With reference to the Notice of Motion by the Council to amend By-law 25 (SUPPLEMENT, April 20th, p. 197)—

That it is desirable that the election of Members of Council by Branches in the United Kingdom be conducted by the Head Office and out of Central Funds, and that By-law 25 be amended accordingly.

By direction of the Chairman of Representative Meetings,

J. SMITH WHITAKER, *Medical Secretary.*

July 3rd, 1907.

☞ *To ensure the insertion of notices in this column, they must be received at the Central Offices of the Association not later than the first post on Tuesday.*

Association Notices.

1907 ANNUAL GENERAL MEETING.

The Annual General Meeting of the British Medical Association will be held in the Royal Public Rooms, Exeter, on Saturday, July 27th, at 9.30 o'clock in the forenoon.

ANNUAL REPRESENTATIVE MEETING.

The Annual Representative Meeting will take place in the Royal Public Rooms, Exeter, on Saturday, July 27th, immediately after the Annual General Meeting, which will be held at 9.30 o'clock in the forenoon; on Monday, July 29th, at 9.30 a.m.; on Tuesday, July 30th, at 9.30 a.m. if required; also on Wednesday, July 31st, at 3.15 p.m if required.

BY ORDER OF THE COUNCIL,

GUY ELLISTON, *General Secretary.*

April 25th, 1907.

THE LIBRARY OF THE BRITISH MEDICAL ASSOCIATION.

IMPORTANT NOTICE.

OWING to the rebuilding of the Association premises in the Strand the Library is closed but at the Temporary Offices of the Association, 6, Catherine Street, Strand (adjoining Drury Lane Theatre), a Reading and Writing Room is provided. The Room will be open from 10 a.m. to 5 p.m., except on Saturdays, when it will be closed at 2 p.m.

BRANCH AND DIVISION MEETINGS TO BE HELD.

NORTH OF ENGLAND BRANCH: NORTH NORTHUMBERLAND DIVISION.—The annual meeting will be held in the Plough Hotel, Alnwick, on July 9th, at 3.30 p.m. Business: To elect officers and Representatives for the ensuing year; to consider the proposed changes with regard to public vaccination; to consider any matters referred to Divisions.—SCOTT PURVES, M.D., Alnwick, Honorary Secretary.

NORTH WALES BRANCH.—The annual meeting of this Branch will be held at Machynlleth on Tuesday, July 16th.—H. JONES ROBERTS, Llywenarth, Penygroes, Honorary Secretary.

SOUTH-WESTERN BRANCH.—A meeting of the Branch Council will be held at the Royal Devon and Exeter Hospital, Exeter, on Thursday, July 11th, at 3.15 p.m. Agenda: (1) Minutes of the last meeting; (2) election to the membership of the Association and Branch; (3) any other business.—RUSSELL COOMBE, 5, Barnfield Crescent, Exeter Honorary Secretary.

THE SEVENTY-FIFTH ANNUAL MEETING

OF THE

BRITISH MEDICAL ASSOCIATION,

EXETER,

JULY 27TH TO AUGUST 2ND, 1907.

President:

RICHARD ANDREWS REEVE, B.A., M.D., LL.D., Dean of the Faculty of Medicine, University of Toronto.

President-elect:

HENRY DAVY, M.D., F.R.C.P., Physician, Royal Devon and Exeter Hospital.

Chairman of Representative Meetings:

JAMES ALEXANDER MACDONALD, M.D., Physician, Taunton and Somerset Hospital.

Chairman of Council:

EDMUND OWEN, LL.D., F.R.C.S., Consulting Surgeon to St. Mary's Hospital.

Treasurer:

HENRY RADCLIFFE CROCKER, M.D., F.R.C.P., Physician, Skin Department, University College Hospital.

PROGRAMME OF BUSINESS.

An Address in Medicine will be delivered by WILLIAM HALE WHITE, M.D., F.R.C.P.Lond.
An Address in Surgery will be delivered by HENRY TRENTHAM BUTLIN, D.C.L., F.R.C.S.Eng.
A Popular Lecture will be delivered by Sir JOHN WILLIAM MOORE, M.D., D.Sc., F.R.C.P.Irel.

THE SECTIONS.

THERE will be thirteen Sections as shown in the subjoined list; they will meet on Wednesday, Thursday, and Friday, July 31st, and August 1st and 2nd, from 10 a.m. to 1 p.m.

The President, Vice-Presidents, and Secretaries of each Section constitute a Committee of Reference for that Section.

Papers read are the property of the British Medical Association, and cannot be published elsewhere than in the BRITISH MEDICAL JOURNAL *without special permission.*

No paper must exceed fifteen minutes in reading and no subsequent speech ten minutes.

It is requested that copies of any papers offered in any of the Sections should be supplied to one of the Honorary Secretaries of the Section not later than May 30th, accompanied by a short abstract, in order that such abstract may be printed and circulated before the meeting.

PATHOLOGY.

President: ROBERT MUIR, M.D., F.R.C.P.Ed., Professor of Pathology, Glasgow.

Vice-Presidents: HENRY GEORGE PLIMMER, M.R.C.S., F.L.S., London; WILLIAM HUNTER, M.D., F.R.C.P., London; WALTER LEY PETHYBRIDGE, M.D., B.Sc., Plymouth.

Honorary Secretaries: REGINALD VAUGHAN SOLLY, M.D., F.R.C.S., 40, West Southernhay, Exeter; Professor WILLIAM ST. CLAIR SYMMERS, M.B., C.M.Aberd., Queen's College, Belfast.

The following provisional programme has been arranged:

Wednesday, July 31st.—A discussion on Pernicious Anaemia and Allied Conditions, to be opened by Dr. William Hunter, followed by Professor Lorrain Smith, Dr. A. G. Gullan. Dr. Lovell Gulland, Dr. F. G. Bushnell, Dr. C. Melland, Professor R. Muir and probably Professor Sims Woodhead. Professor Walker Hall will speak on Metabolism in Anaemia; and Professor A. R. Ferguson and Dr. A. E. Boycott on Ankylostomiasis Anaemia.

Thursday, August 1st.—A discussion on Phagocytosis and Bactericidal Action, to be opened by Dr. George Dean, who will be followed by Professor R. Muir, Professor J. M. Beattie, Dr. Charlton Briscoe, Dr. T. Houston, Dr. David Lawson, Dr. J. C. Rankin, Dr. J. Peel Ritchie, Dr. E. Turton, and probably Professor Sims Woodhead.

Arrangements will be made for the exhibition in the Pathological Museum of specimens illustrating the work of the Section. Members wishing to exhibit specimens or photographs should communicate with the Secretaries of the Pathological Museum (Drs. R. V. Solly and G. P. Hawker, 40, West Southernhay, Exeter).

The following papers have been accepted:

BEATTIE, Professor J. M.: A Sporozoon in Aural Polypi.
BUSHNELL, Dr. F. G.: A Case of Mycosis Fungoides in its Relation to Infection and Malignant Disease.
BROWNING, Dr. Carl H.: Experimental Chemotherapy in Trypanosome Infections.
BAYON, Dr. H: Peritheliomata and Endotheliomata.
TEAGUE, Dr. Oscar, and Dr. B. H. BUXTON (Cornell University, New York): The Migration of Antibodies under the Influence of the Electric Current.
BUXTON, Dr. B. H.: Absorption from the Peritoneal Cavity.
COOMBS, Dr. Carey: Lesions of Myocardium in Rheumatism.
EVE, Dr. F. C.: Peculiar Bodies found in Cerebro-spinal Fluid.
FORSYTH, Dr. David: The Relations between the Thyroid and the Parathyroid Glands.
FERGUSON, Professor A. R.: (1) The Blood and Bone Marrow in Ankylostomiasis (part of discussion on pernicious anaemia, etc.); (2) A demonstration of Lesions produced by Bilharzia in the Genito-urinary Tract.
GAY, Dr. F. P., and SOUTHARD, Dr. E. E. (Danvers, Massachusetts): (1) Serum Anaphylaxis in the Guinea-pig; (2) Structural Changes in Myeline Sheaths in Experimental Intoxication in the Guinea pig.
LEIPER, Dr. R. T.: Helminthological Nomenclature in Medical Literature.
LUCAS, Dr. J. J.: Pericardial Calcification.
MCLENNAN, Dr. Alexander: The place the *Spirochaeta pallida* occupies in the Diagnosis of Syphilis.
STENNAN, Dr. T.: The *Spirochaeta pallida.*
SYMMERS, Professor ST. CLAIR: On *Bilharzia haematobia.*
HALL, Professor I. WALKER: Estimation of the Fats in Faeces.

MEDICINE.

President: WILLIAM GORDON, M.D., F.R.C.P., Exeter.

Vice-Presidents: WILLIAM POWELL, M.B., F.R.C.S., Torquay; WILLIAM JOSEPH TYSON, M.D., F.R.C.P., F.R.C.S., Folkestone; GEORGE NEWTON PITT, M.D., F.R.C.P., London; EDWARD LAWRENCE FOX, M.D., M.R.C.P., Plymouth,

Honorary Secretaries: FREDERICK JOHN POYNTON, M.D., F.R.C.P., 1, Harley Place, London, W.; EDWIN BRAMWELL, M.B.Edin, F.R.C.P., 23, Drumsheugh Gardens, Edinburgh; ALFRED BERTRAM SOLTAU, M.D., F.R.C.S., 1, Lansdowne Place, The Hoe, Plymouth.

The following subjects have been chosen for discussion:

1. The Indications for Operation in Cases of Intracranial Tumour. To be introduced by Dr. J. S. Risien Russell.

Dr. Risien Russell will deal with the following points:

I. The influence of diagnosis. Affections that may be mistaken for intracranial tumour. II. Conditions under which operation may be recommended: (1) To effect cure; (2) to relieve symptoms and prolong life.

The considerations that influence the first question are: (*a*) The possibility of accurate localization. (*b*) The position of the tumour. (*c*) The nature of the growth. (*d*) The probable effects of operation—(1) Risk to life; (2) amount of paralysis or other defect that will result; (3) aphasia.

In connexion with the second consideration the following arise: (*a*) The indications and contraindications for trephining. (*b*) The importance of saving sight. (*c*) The circumstances under which lumbar puncture may be substituted for trephining.

2. The Diagnosis of Acute Pancreatitis. To be introduced by Professor Osler.

3. Rheumatoid Arthritis and the Morbid Conditions which simulate it, with special Reference to Pathology and Treatment. To be introduced by Dr. A. P. Luff.

The following are the headings of Dr. Luff's paper introducing the discussion on Rheumatoid Arthritis: Definition of the term "rheumatoid arthritis." Rheumatoid arthritis is a distinct clinical entity. Rheumatoid arthritis is an infective disease due to the presence of micro-organisms in the joints; subsidiary symptoms are caused by the toxins elaborated by the micro-organisms. Distinction of rheumatoid arthritis from subacute rheumatic fever. The different forms of rheumatoid arthritis. The age-incidence of rheumatoid arthritis. The pathological changes occurring in the joints. Relationship of rheumatoid arthritis to other diseases of the joints. Dietetic treatment. Drug treatment. Local treatment of the joints. Climatic treatment.

The following papers have been accepted:

BRADSHAW, Dr. T. R.: Points in the Diagnosis of Myelopathic Albumosuria.
MITCHELL, Professor John Michell: A Case of Lymphadenoma Treated by *X* Rays.
DOW, Dr. W.: Observations upon the recent Outbreak of Cerebro-spinal Meningitis in Glasgow.
HUNTER, Dr. W.: The Effect of Oral Antiseptics in Scarlet Fever.
NORTHRUP, Professor W. P.: Treatment of Pneumonia and other Acute Infectious Diseases by Open-air Wards in Metropolitan Hospitals.
RIVIERE, Dr. Clive: The Tuberculin Treatment of Tuberculosis in Children.
ROBB, Dr. A. Gardner: Observations upon the Recent Outbreak of Cerebro-spinal Meningitis in Belfast.
SIKES, Dr. A. W.: Some Gastro-intestinal Affections in Gouty Subjects.
TYSON, Dr. W. J.: Some Remarks on the Prevention of Appendicitis.
WEST, SAMUEL, M.D., F.R.C.P.: 1. Some Remarks upon Acute Pericarditis and its Treatment. 2. A further Contribution to the Treatment of Diabetes by Uranium Nitrate.

DISEASES OF CHILDREN.

President: ALFRED HERBERT TUBBY, M.S., London.

Vice-Presidents: LEWIS MACKENZIE, F.R.C.S., Tiverton; FRANK HICHENS, M.D., Redruth; REGINALD HORACE LUCY, F.R.C.S., Plymouth; EDMUND CAUTLEY, M.D., London.

Honorary Secretaries: JOHN HARLEY GOUGH, M.D., Glenallon, Old Torwood Road, Torquay; EDRED MOSS CORNER, F.R.C.S., 37, Harley Street, London, W.

The following arrangements have been made:

Wednesday, July 31st.—Discussion, The Diseases and Displacements of the Testicle. To be opened by Mr. D'Arcy Power. Professor W. E. Dixon will speak on the question of Organotherapy, Mr. Russell J. Howard on Torsion of the Testicle. The following gentlemen have signified their intention of taking part in the discussion: Mr. Douglas Drew, Mr. McAdam Eccles, Mr. G. H. Edington, Mr. H. A. T. Fairbank, Mr. H. Tyrrell Gray, Mr. C. B. Keetley, Mr. Lockhart Mummery, Mr. Betham Robinson, and Mr. G. E. Waugh.

In opening the discussion on Wednesday, Mr. D'Arcy Power will group the subject under the headings of Tubercle, Syphilis, Malignant Disease, Innocent Tumours, and Teratomata, the following being a summary of his paper:

The displacements are due to faulty processes of development.

In regard to tubercle, most of the swollen testicles seen in very young children in the out-patient rooms at hospitals are due to tubercle growing in tissues which have been prepared for infection by changes due to congenital syphilis. He asks whether it is certain that tuberculous inflammation of the testicle ends in atrophy, and if children suffering from this form of disease are more or less likely to become the subjects of spinal caries.

Syphilitic inflammation of the testicle is commoner in young children than tuberculous orchitis, and the tunica vaginalis is so frequently involved that a hydrocele is of frequent occurrence. The absence of pain causes the condition to be overlooked in the majority of cases. Wasting of the testis is a frequent consequence of this form of inflammation. Are there any observations as to the retardation of puberty consequent upon this atrophy?

Teratomata are due either to dermoids or sebaceous tumours.

Sarcoma of the testicle is in need of further investigation in the light of Mr. Foulerton's recent work. Is it possible that some of the cases grouped as sarcoma are not in reality examples of carcinoma? The author is not satisfied with the results of orchidopexy in cases of undescended testis, and now advises removal of the testicle in nearly every case where it is retained in such a position that it is likely to be injured, especially if there is evidence of a hernia. When no hernia is present he advises the parents to wait until the child is 7 or 8 years old, in the hope that the testicle may descend into the scrotum as the child grows. He asks an opinion on the following points: First, as to the indication for operating when the testicle lies at or near the external abdominal ring; secondly, as to the advice which should be given when both testicles are undescended; and, thirdly, as to the most appropriate time for operating when there is no hernia. He also alludes to the treatment of ectopic testicle. Finally is pointed out the frequency with which hydrocele occurs in children; the ease with which an erroneous diagnosis is made, and the means by which such mistakes are best avoided.

The following papers will be read:

EDINGTON, Mr. G. H.: Some Abnormalities of the Penis.
GRAY, Mr. H. Tyrrell.: Some Cases in which Meckel's Diverticulum was present.
NITCH, Mr. C. A. R.: Some Cases of Fracture of the Tubercle of the Tibia.
MUMMERY, Mr. Lockhart: Some Cases of Prolapsus Recti.

Thursday, August 1st.—Discussion, Acute Nephritis and its Results. To be opened by Dr. A. F. Voelcker. Dr. A. W. Sikes will introduce the physiological aspect; Mr. Sydney Stephenson, the eye changes; Dr. Theodore Thomson, Unsuspected Nephritis in Septic Infections. The following gentlemen have signified their intention of taking part in the discussion: Dr. H. R. Dean, Dr. F. C. Eve, Dr. F. Langmead, Mr. J. H. Parsons, Dr. J. E. H. Sawyer, and Dr. G. A. Sutherland.

In opening the discussion, Dr. Voelcker will treat the subject under the following headings:

(1) Frequency in Children and Adults Contrasted. (2) Acute Nephritis in Association with the Acute Specific Fevers. (3) Acute Nephritis apart from the Acute Specific Fevers. (4) Frequency of Acute Nephritis in the more common Acute Specific Fevers. (5) Frequency of Acute Nephritis in (i) Fever Hospitals, (ii) Children's Hospitals and General Hospitals, (iii) Private Practice. (6) Age Incidence of Acute Nephritis. (7) Comparison of the Symptoms and Complications of Acute Nephritis in Children and Adults. (8) Results of Acute Nephritis in Children. (9) Anatomical Varieties of Acute Nephritis. (10) Frequency of (i) Complete Recovery, (ii) Incomplete Recovery, (iii) Death in Acute Nephritis. (11) Causes of Death in Acute Nephritis. (12) Duration of Acute Nephritis. (13) Factors Determining Incomplete Recovery or Death. (14) Evidences of Incomplete Recovery in the Urine, Cardio-vascular System, Blood, Retina, Skin, Serous Membranes. (15) Anatomical Changes Resulting from Unresolved Acute Nephritis. (16) Is Chronic Nephritis

resulting from Acute Nephritis Incurable? (17) The Relation of Acute Nephritis to Chronic Interstitial Nephritis in Childhood and in Later Life. (18) Conditions Simulating Acute Nephritis. (19) The Treatment of Acute Nephritis in Children. (20) Prophylaxis. (21) The Treatment of Special Symptoms in or resulting from Acute Nephritis.

Dr. A. W. Sikes will follow with a paper on the Physiological and Pathological Aspects of Nephritis in Children, and touch upon the following topics: (1) Its influence on the general metabolism. (2) Its effect on the digestive system, liver, stomach. (3) The metabolism of protein. (4) The rôle of sodium chloride. (5) The influence of acute nephritis on the urinary secretion. (6) The proteins of the urine. (7) Urea, uric acid, salts. (8) Methods of examining the urine. (9) The reaction of the blood. (10) Other changes in the blood. (11) Drugs; contraindication of caffeine. (12) Recent work on the nephrotoxins. (13) The theory of the secretion of urine, "Filtration plus reabsorption" not now accepted. (14) Recent physiological work on the kidneys. (15) Oedema. (16) Uraemia.

The following papers will be read:

LANGMEAD, Dr. F.: Acetonaemic Conditions in Children.
DEAN, Dr. H. R.: The Classification and Diagnosis of the Varieties of Purpura occurring in Children.
PINCHES, Dr. H. Irving: Retropharyngeal Abscess.
KELYNACK, Dr. T. N.: The Care of Tuberculous Children.

Friday, August 2nd.—Discussions: (1) Lumbar Puncture, its Diagnostic and Therapeutic Value. To be opened by Dr. Farquhar Buzzard. The following gentlemen have signified their intention of joining in the discussion: Dr. F. E. Batten, Dr. J. S. Risien Russell, Dr. Edwin Bramwell, Dr. F. C. Eve, Dr. J. G. Forbes, Dr. Porter Parkinson, Dr. Athole Ross, Dr. A. E. Russell, Dr. Purves Stewart, and Dr. G. A. Sutherland.

In opening the discussion Dr. Farquhar Buzzard will refer to the following points: (1) The technique of the operation. (2) General indications and contraindications. (3) Diagnostic value; (*a*) bacteriological, (*b*) cytological, (*c*) chemical. (4) Therapeutic value; (*a*) decompression, (*b*) drainage.

(2) Precocious Development. To be opened by Dr. Reginald Langdon Down, followed by Dr. Leonard Guthrie.

The opener of this discussion, Dr. Reginald Langdon Down, will deal with the subject of Precocity rather from the broad biological point of view than from the narrow clinical aspect, and will draw the following conclusions:

The precocious children are those from whom we draw our great men—that is, those who advance the nation intellectually and socially.

They may be roughly divided into two groups: the stable and the unstable. The former are well developed, both physically and mentally, and in good order and proportion; the latter are often physically below the average, and show an irregular, or one-sided, mental development; these cases need special care, and form the majority of those usually coming under medical attention.

From the point of view of the race, a late maturity seems to be advantageous, and this points to preserving slight beneficial variations rather than large ones; from the point of view of the individual, the later-acquired powers of the race may advantageously appear sooner, but this should be in good order and with uniform development.

It appears, on the other hand, that anything in the environment likely to produce artificially a premature development of any function or organ is harmful, particularly so in those cases where there is naturally a tendency to extreme deviation from the average; while a careful discipline and social restraint are needed to save some of the extreme cases from social failure. On the other hand, the judicious guide will give the bright youth of the stable class free play as to his line of study, while preventing him from straying over too wide an area. And at the right moment, when his choice is made, he will endeavour to stir the youth's energies and fire his enthusiasm to the utmost.

The following papers will be read:

BIRD, Dr. A. C.: Tonsils and Voice Production.
CORNER, Mr. Edred M.: Two Cases of Amputation of the Forequarter for Sarcoma of Shoulder.

PSYCHOLOGICAL MEDICINE.

President: THOMAS CLAYE SHAW, M.D., London.

Vice-Presidents: ARTHUR NATHANIEL DAVIS, L.R.C.P., Exminster; ROBERT LEONARD RUTHERFORD, M.D., Exeter; GEORGE M. ROBERTSON, M.B., Larbert.

Honorary Secretaries: SAMUEL HOLLINGSWORTH AGAR, M.R.C.S., Hurst House, Henley-in-Arden; WILLIAM FRANCIS MENZIES, M.D., Staffs County Asylum, Cheddleton, Leek.

The following programme has been arranged:

Wednesday, July 31st.—Introductory remarks by the President, Dr. Claye Shaw.

Discussion on Alcoholism and Insanity, to be introduced by Dr. F. W. Mott, F.R.S.

JOHNSTONE, Dr.: Paper on Fatigue.

Thursday, August 1st:

MERCIER, Dr. C. A.: Three Cases of Periodic Dementia.
ROBERTSON, Dr. GEORGE, M.: On the Presence of a Bacillus in the Blood of Persons suffering from General Paralysis of the Insane.
BRUCE, Dr. LEWIS CAMPBELL: The Opsonic Index in Mania.

Friday, August 2nd.—Discussion on Hypnotism, to be introduced by Dr. J. F. Woods.

In his paper Dr. Woods gives his experience, extending over a period of fifteen years, of the therapeutic value of hypnotism in insanity. Most of the patients were treated in asylums, others in private. He finds the treatment most efficacious in borderland cases. Illustrative cases are given with details of the method employed.

SCHOFIELD, Dr.: The Teaching of Psychology in Medical Schools.
PASSMORE, Dr. E. S.: On Case Taking.

ELECTRICAL SECTION.

President: H. LEWIS JONES, M.D., London.

Vice-Presidents: JOHN DELPRATT HARRIS, M.D., Exeter; CECIL R. CHAWORTH LYSTER, M.R.C.S., London; WILLIAM CHEYNE WILSON, M.D., Plymouth.

Honorary Secretaries: ELLIS PEARSON, F.R.C.S.E., Strand House, Bideford; EDWARD WARREN HINE SHENTON, M.R.C.S., 126, Harley Street, London, W.

The Section will be opened on Wednesday, July 31st, by an address from Professor Stéphane Leduc.

On Thursday, August 1st, a discussion on *X* Rays and Sensitive Plates will be opened by Mr. Mackenzie Davidson.

On Friday, August 2nd, a discussion on the Dosage of *X* Rays will be opened by Dr. Sequeira.

The following papers will also be read:

WERTHEIM SALOMONSON, Professor J. K.: (1) The Electrodiagnosis of Oculo-motor Paralysis; (2) The Einthoven Galvanometer.
JONES, Dr. Lewis: (1) Oscillograph Tracings of Medical Coil Currents; (2) Ionic Medication in Ringworm.
ARTHUR, Dr. D.: A new Static Machine.
WALSHAM, Dr. Hugh: The Orthodiagraph.
SHENTON, Mr. E. W. H.: The Examination of the Hip-joint.
REID, Mr. A. D.: Ureteral Calculi.
PEARSON, Mr. E.: The use of *X* Rays from the Point of View of the General Practitioner.
BRUCE, Dr. Ironside: Treatment of Graves's Disease by *X* Rays.
MORTON, Dr. R.: Alternating Currents of Slow Periodicity.
GREEN, Dr. Stanley: *X* Rays and Chest Diseases.
HARRIS, Dr. Delpratt: Some Statistics of *X* Ray Therapeutics in Rodent Ulcer and Carcinoma.

It is hoped to provide a convenient room for the demonstration of new forms of apparatus and the showing of lantern slides by members.

TROPICAL DISEASES.

President: JAMES CANTLIE, F.R.C.S., London.

Vice-Presidents: GUTHRIE RANKIN, M.D., London; Sir RICHARD HAVELOCK CHARLES, K.C.V.O., M.D., I.M.S. (ret.), London; Lieutenant-Colonel ROBERT CALDWELL, F.R.C.S., R.A.M.C., Plymouth.

Honorary Secretaries: WILLIAM CARNEGIE BROWN, M.D., 32, Harley Street, London, W.; Lieutenant-Colonel G. M. J. GILES, M.B., F.R.C.S., I.M.S. (ret.), 3, Elliot Terrace, The Hoe, Plymouth.

The following subjects have been selected for discussion:

Wednesday, July 31st.—The Best Methods of carrying out Antimalarial Sanitation, with special reference to such plans as may be most suitable for populations in the more primitive stages of civilization. To be opened by Professor Simpson, King's College, London.

The following will take part in the discussion: Dr. W. J. Prout, C.M.G. (Liverpool); Major Nott, I.M.S.; Dr. H. M. Fernando (Colombo); and Dr. C. W. Daniels (London School of Tropical Medicine).

Professor Leonard Rogers of Calcutta will give a lantern demonstration to illustrate his work on the fevers of India.

Thursday, August 1st.—Diabetes in the Tropics. To be opened by Sir Richard Havelock Charles, K.C.V.O., Lieutenant-Colonel I.M.S.

Dr. Rai Seoilas Chandra Bose Bahadur, C.I.E. (Calcutta) will read a paper, and the following gentlemen will take part in the discussion: Dr. F. M. Sandwith (London); Dr. H. de Silva (Colombo); Major Nott, I.M.S.; Dr. H. M. Fernando (Colombo).

Sir Havelock Charles, in opening the discussion, will deal with the following headings: (1) Peculiarities met with in the type of diabetes found in the tropics—glycosuria of the tropics. (2) Peculiarities in the peoples, their habits and surroundings, predisposing and exciting causes. (3) Incidence according to race, profession, and social status. (4) The part dyspepsia plays therein. (5) Modifications of course, physical signs, and symptoms. (6) Characters of the urine. (7) Assurance and diabetes. (8) Complications of a surgical nature and their treatment. (9) Is there any justification in distinguishing diabetes in the tropics apart from the type of diabetes known in the temperate regions?

Friday, August 2nd.—Haemoflagellates and Allied Organisms. To be opened by Professor E. A. Minchin, Professor of Protozoology, University of London.

Professor E. A. Minchin will open the discussion in a paper, of which the following is a synopsis: Differences in the points of view of the zoologist and the medical man; importance of the study of the life-history of parasites for the etiology of disease; haemoflagellates, brief review of the forms comprised under this title; life-cycles of haemoflagellates, *Herpetomonas muscae-domesticae;* transmission of haemoflagellates by blood-sucking invertebrates; direct and indirect transmission; inoculative indirect transmission; contaminative transmission; reasons for believing that the infection may be effected in a different manner in different cases; theories upon the origin of haemoflagellates; suggestion that the ancestral form was a parasite of the vertebrate digestive tract; possible types of life-cycle on this view.

Professor L Rogers (Calcutta), and Dr. A. Balfour (Khartoum), will also take part in the discussions.

The following papers have been accepted:

CANTLIE, JAMES, F.R.C.S.; (1) One Hundred Cases of Liver Abscess. (2) The Part Played by the Colo-Sigmoid and the Sigmo-Rectal Pylorus in Intestinal Troubles.
CALDWELL, Lieutenant-Colonel, R.A.M.C.: Enteric Fever during Active Service.
GRATTAN, Major, R.A.M.C.: Blackwater Fever.
PROUT, Dr. W. J., C.M.G.: Blackwater Fever.
BEGG, Dr.: Complications in Chronic Sprue.
DARKER, Dr.: (1) West African Climate. (2) Treatment of Malaria.
BIRT, Lieutenant-Colonel, R.A.M.C.: (1) South African Diseases. (2) Mediterranean Fever in South Africa.

The Secretaries will be glad to receive from members unable to be present pathological specimens, photographs, drawings, or microscopical preparations illustrative of any subject of interest in Tropical Medicine.

SURGERY.

President: GEORGE A. WRIGHT, F.R.C.S., Professor of Surgery, Manchester.

Vice-Presidents: EDWARD JAMES DOMVILLE, M.R.C.S., Exeter; CHARLES EDWARD WALLACE BELL, M.R.C.S., Exeter; DAVID NEWMAN, M.D., Glasgow; WILLIAM FREDERIC HASLAM, F.R.C.S., Birmingham.

Honorary Secretaries: BERNARD SCOTT, M.R.C.S., Stagsden, West Cliff, Bournemouth; BRENNAN DYBALL, F.R.C.S., 47, Queen Street, Exeter; WILLIAM SAMPSON HANDLEY, M.S., 77, Wimpole Street, London, W.

The following subjects have been selected for special discussions on Wednesday, July 31st, and Thursday, August 1st:

1. The Relative Value of Inhalation and Injection Methods of inducing Anaesthesia. To be introduced by Mr. H. P. Dean, M.S., F.R.C.S., to be followed by Messrs. J. Ward Cousins, J. F. W. Silk, E. H. Howlett, Alexander Wilson, C. Leedham Green, A. G. Levy, F. W. Bailey, and J. W. Struthers.

2. The Indications for Cholecystectomy. To be introduced by Mr. J. Bland-Sutton, F.R.C.S., to be followed by Messrs. A. W. Mayo Robson, J. Ward Cousins, F. S. Eve, A. E. Maylard, J. S. McArdle, F. F. Burghard, B. G. A. Moynihan, E. Stanmore Bishop, William Thorburn, and J. D. Malcolm.

The following is an abstract of the remarks which Mr. J. Bland-Sutton proposes to make in opening the discussion:

Physiological observations fail to show that any chemical change takes place in bile retained in the gall bladder under normal conditions, except an alteration in colour and a slight admixture of mucus.

Anatomy, human and comparative, teaches that absence of the gall bladder entails no disadvantage. Observations in the deadhouse show that disease destroys it very often without causing any inconvenience to the individual; and surgeons practising in large cities can demonstrate that the gall bladder can be dispensed with as easily as the vermiform appendix.

Pathological observation and surgical experience are equally eloquent in proclaiming the dangers and catastrophes accompanying many diseased conditions of the gall bladder which may be obviated by a timely operation, and the accumulated experience of many surgeons shows that the most satisfactory consequences are obtained by treating the gall bladder, when it requires surgical intervention, in the summary fashion in which we now deal with the vermiform appendix.

The diseases of the gall bladder best suited for cholecystectomy are: (1) Injury to the gall bladder; (2) calculous cholecystitis; (3) acute (non-calculous) cholecystitis; (4) perforating ulcers of the gall bladder; (5) mucocele (hydrops vesicae felleae); (6) chronic cholecystitis (empyema); (7) biliary fistula; (8) cancer, sarcoma, and endothelioma of the gall bladder (primary).

In discussing the comparative mortality of cholecystotomy and cholecystectomy it is advisable to deal with the cases as we do in the consideration of the mortality of operations on the vermiform appendix—namely, those performed for acute cholecystitis, especially the perforative cases, should stand in a separate table to those performed for chronic cholelithiasis; operations performed for primary malignant disease of the gall bladder should form a class by themselves.

Friday, August 2nd, will be devoted to the reading of papers on subjects other than the above.

The following papers have been accepted by the Committee of Reference for this section:

PARDOE, J. G., F.R.C.S.: The Indications for Prostatectomy.
FREYER, P. J., M.Ch.: Over 400 Operations for Total Enucleation of the Prostate, for Radical Cure of Enlargement of that Organ, briefly Reviewed.
COUSINS, J. Ward, F.R.C.S.: A Case of Composite Odontoma.
CHILDE, C. P., F.R.C.S.: A Case of Successful Resection of 9½ ft of Small Intestine for Gangrene.
TAYLOR, W., F.R.C.S.I.: Intestinal Obstruction (based on 30 cases).
MUMMERY, J. P. L., F.R.C.S.: Lesions of the Sigmoid Flexure as a Cause of Chronic Colitis.
ANDERSON, Miss L. G., M.D.: A Case of Sarcoma of the Small Intestine.
EDINGTON, G. H., M.D., C.M.: Two Cases of Branchial Fistula.
NEWMAN, D., M.D.: The Early Diagnosis and the Treatment of Tuberculous Disease of the Kidney and Bladder. (A cystoscopic demonstration of cases will, if possible, be given in connexion with this paper.)
MAYLARD, A. E., F.R.C.S.: The Relative Merits of Transverse or Oblique and of Vertical Incisions in Opening the Abdominal Cavity in the Antero-lateral Region.
STARR, F. N. G., M.D.: Gastro-intestinal and Latero-intestinal Anastomoses by Means of a Platinum Wire.
BISHOP, E. S., F.R.C.S.: Anterior Nephropexy.
MURRAY, R. W., F.R.C.S.: The Saccular Theory of Hernia.
MCARDLE, J. S., F.R.C.S.I.: (1) The Treatment of Ancient Dislocations of the Elbow-joint. (2) Tuberculosis near Joints.
GORDON, F. E., F.R.C.S.I.: An Experience of Critical Gastric Surgery.
HORROCKS, W., F.R.C.S.: Chronic Hypertrophy of the Breast.
VERNON, A. H., F.R.C.S.: A New Operation for Haemorrhoids.

The papers will be taken in the order indicated above: the first four after the formal discussion on Wednesday, July 31st; the second four after the discussion on

Thursday, August 1st, and the remainder on Friday, August 2nd.

OPHTHALMOLOGY.

President: LOUIS HY. TOSSWILL, M.B., Exeter.

Vice-Presidents: JOHN R. ROLSTON, M.R.C.S., Plymouth; ALEXANDER HILL GRIFFITH, M.D., Manchester; ARTHUR CHARLES ROPER, F.R.C.S.E., Exeter.

Honorary Secretaries: RANSOM PICKARD, M.S., F.R.C.S., 31, East Southernhay, Exeter; ELMORE WRIGHT BREWERTON, F.R.C.S., 84, Wimpole Street, London, W.

The following subjects have been chosen for discussion:

1. The Construction and Manipulation of the Principal Instruments used in Ophthalmic Surgery. To be introduced by Professor E. Landolt, Paris.

2. Irido-cyclitis. To be introduced by Mr. Richardson Cross.

Mr. Richardson Cross's paper will deal with symptoms, course, and results of the disease; exudates and adhesions, their pathology and effects; cases illustrating various types of the affection; etiology, treatment.

3. Vesicular Affections of the Cornea. To be introduced by Mr. W. Holmes Spicer.

Mr. W. Holmes Spicer will discuss vesicular affections of the cornea with herpes febrilis; superficial punctate keratitis; dendritic ulcer; stellate ulcer; relapsing bulla.

The following have proposed to join in the discussions: Messrs. W. H. Jessop, J. Herbert Parsons, K. Grossmann, A. Hill Griffith, G. Hartridge, Freeland Fergus, Simeon Snell, Lieutenant-Colonel Herbert, and Cecil E. Shaw.

Papers will be read by Dr. H. Manning Fish, Mr. R. Coulter, Dr. J. Hinshelwood, Dr. Thomson Henderson, Dr. W. H. de Silva, Dr. K. Grossmann, Mr. A. C. Roper, Dr. A. Hill Griffith, Lieutenant-Colonel Herbert, Simeon Snell, and A. F. MacCallen.

LARYNGOLOGY, OTOLOGY, AND RHINOLOGY.

President: ROBERT MCKENZIE JOHNSTON, M.D., Edinburgh.

Vice-Presidents: GEORGE JACKSON, F.R.C.S., Plymouth; JAMES BARRY BALL, M.D., London; PATRICK WILLIAM MAXWELL, M.D., Dublin.

Honorary Secretaries: CHARLES EDWARD BEAN, F.R.C.S.E., 19, Lockyer Street, Plymouth; ARTHUR LONGLEY WHITEHEAD, M.B., 31, Park Square, Leeds.

The following subjects have been selected for special discussion:

Wednesday.—The Differential Diagnosis of Tuberculous, Syphilitic, and Malignant Disease of the Larynx. To be opened by Sir Felix Semon, K.C.V.O., and Dr. Jobson Horne.

The following is an epitome of Sir Felix Semon's paper: The differential diagnosis between the three diseases named usually is easy, not rarely difficult, in exceptional cases for a time almost impossible. It is easy enough to diagnose what are called "typical" cases of the three affections, but it is not for the consideration of such cases that the present discussion has been arranged. Observations are therefore limited to an analysis of cases in which either the appearances are so deceptive as to induce even an experienced observer to form an erroneous conclusion, or in which the signs are so ambiguous as to make the expert pause before committing himself to a definite opinion; or, finally, in which no clue is offered by the local or the general phenomena as to the true nature of the case. These are classified as follows:—1. Congestion of the vocal cords as an initial sign of tuberculosis, syphilis, and malignant disease—(*a*) bilateral, (*b*) unilateral. 2. The difficulties of diagnosis between tuberculous, syphilitic, and malignant laryngeal tumours. 3. Laryngeal tuberculosis in middle-aged or old people as a source of error in the differential diagnosis between tuberculosis, malignant disease, and syphilis of the larynx. 4. Difficulties of differential diagnosis between all the three diseases when appearing in the form of infiltration. 5. Combination of two of the diseases under consideration, and consequent diagnostic difficulties. Under each of these headings the signs are enumerated which may be useful in arriving at a correct diagnosis, and the difficulties encountered are illustrated by examples furnished by the author's own experience.

Dr. Jobson Horne, in his introductory paper, indicates a process of elimination by which a diagnosis of malignant disease may be arrived at to the exclusion of tuberculosis, that being the disease which, of the three, is more commonly overlooked. Whilst certain features characteristic of syphilis of the larynx are described, the disease itself is viewed more from the point of view of it being a possible factor—both concomitant and causal—common to tuberculosis and malignant disease. Transillumination of the larynx is mentioned as an aid to ascertaining the nature and the extent of the disease. The value and the fallacies of the opsonic index are also touched upon. The significance to be attached to a pathological examination is considered in some detail; and the technique adopted in removing a portion of the growth for microscopic examination is held to be of no little importance in influencing, if not in determining, the value of the report of the pathologist.

Thursday.—The Treatment of Chronic Suppuration of the Middle Ear without resort to the Radical (Complete) Mastoid Operation. To be opened by Dr. W. Milligan and Dr. W. Hill.

Dr. W. Milligan, in his opening remarks, will deal with the following points: Definition of chronicity. Types of chronic suppurative otitis media. Drainage; inflation; aspiration. The wet and the dry methods of treatment. Classification of cases from point of view of danger to life. Intrameatal operative treatment. Extrameatal. Stacke's operation and modifications. General deductions.

Dr. William Hill's remarks will be limited to the value of operative procedures performed through the meatus for the treatment of purely chronic suppuration apparently due to disease confined to the tympanum and antrum. Post-auricular operations of the type of (1) Schwartze's antrotomy; (2) Küster's procedure of antrotomy *plus* removal of more or less of the posterior meatal wall; and (3) Stacke's more radical extension of these measures, including removal of the external attic wall of the malleus and incus, will only be attended to for the purpose of comparison of results with those of meatal ossiculectomy and external atticotomy.

Friday.—To be devoted to papers.

The following papers have been accepted:

ONODI, Professor A.: The Etiology of the Severe Complications of Empyema of the Accessory Nasal Cavities.

YEARSLEY, Mr. Macleod: The Value of Pneumo-massage in Affections of the Middle Ear.

FULLERTON, Dr. Robert: Notes, Photographs and Microscopic Slides of a Tumour which was removed from the Right Tonsil and which is regarded as being a Teratoma.

NOURSE, Mr. Chichele: Observations on Frontal Sinusitis.

LOW, Mr. Stuart: Submucous Turbinectomy.

SYME, Dr.: Remarks on a Case of Acute Suppuration of the Middle Ear, complicated by Septic Meningitis and Brain Abscess.

JACKSON, Mr. George: The Relative Frequency of Caries of the Superior and Middle Turbinates and Ethmoid Bones, and the Importance of Examining the Nose in all Cases with Symptoms of Deafness, Giddiness, and Vertigo, and Throat Affections, with some Remarks on the Treatment thereof.

JONES, Mr. Hugh: Slight Deviations from the Normal in the Form of the Auricle in Relation to Degeneracy and Deafness.

BRONNER, Dr. Adolph: Notes on a Case of Thrombosis of the Lateral Sinus, with Complete Obliteration of the Jugular Vein.

YONGE, Dr. E S.: Observations on the Determining Cause o the Formation of Nasal Polypi.

Members are invited to contribute any preparations, specimens, or drawings, or any instruments or apparatus pertaining to the work of the Section, which have been designed by themselves, in order that the Committee of the Section may make arrangements to form a special exhibit of such objects.

Lantern demonstrations will be given by Dr. Watson Williams on the Anatomy of the Accessory Sinuses of the Nose, and by Dr. Milligan on the Surgical Treatment of Labyrinthine Suppuration.

Professor Onodi (Buda Pesth) will show (*a*) Phantom of the Larynx; (*b*) Diagrams of the Accessory Sinuses of the Nose; (*c*) an Instrument for Opening the Antrum of Highmore.

Mr. T. Guthrie will show Diagrams illustrating the Development of the Middle Ear.

DENTAL SURGERY.

President: JOHN MCKNO ACKLAND, M.R.C.S., L.D.S., Exeter.

Vice-Presidents: PETER SIDNEY SPOKES, J.P., M.R.C.S., L.D.S., London; THOMAS ARTHUR GOARD, M.R.C.S.,

L.R.C.P., L.D.S., 28, Southernhay, Exeter; KENNETH WELDON GOADBY, M.R.C.S., L.R.C.P., L.D.S., London.

Honorary Secretaries: JOSEPH LEWIN PAYNE, M.R.C.S., L.R.C.P., L.D.S., 44, Devonshire Street, Portland Place, W.; GEORGE ARTHUR PEAKE, M.R.C.S., L.R.C.P., L.S.A., L.D.S., Alma House, Cheltenham.

The following subject has been selected for special discussion on Wednesday: The Causes, Effects, and Treatment of Dental Diseases in Children. To be opened by Mr. Edmund Owen, M.B., F.R.C.S., Dr. G. F. Still, F.R.C.P., and Mr. J. G. Turner, F.R.C.S., L.D.S.

The following is an abstract of Dr. Still's paper:—Frequency of dental caries in children too often an overlooked cause of symptoms; local sepsis and general toxaemia; interference with digestion and symptoms arising therefrom; recurring headaches; probably also a cause of certain nervous disturbances; a predisposing, possibly a direct, cause of tuberculous infection of lymphatic glands; importance of parental care; value of dentist's supervision; the treatment of dental caries in children from the dentist's point of view and from the physician's.

Mr. J. G. Turner's paper will deal with hypoplasia of teeth under the heads of hypoplasia of malnutrition, inflammatory hypoplasia, traumatic hypoplasia, hypoplasia of congenital syphilis, hereditary hypoplasia. The relation to rickets is discussed, and a special form of syphilitic molar described. Cause, incidence, and treatment of dental caries in children is discussed, with special emphasis on early incidence, and the completeness of our knowledge as to cause and prevention. Extraction, as the most generally useful treatment and as prevention of oral sepsis, is urged. Ulcerative stomatitis is discussed in its possible relation to pyorrhoea alveolaris. The possibility of organized, or even State, assistance in preventing dental caries is touched on.

The discussion will be taken up by Messrs. Morton A. Smale, A. S. Underwood, J. F. Colyer, Kenneth Goadby, C. E. Wallis, Frank Coleman, W. R. Ackland, and Russell Barrett.

The following papers will be read on August 1st and 2nd:

ACKLAND, W. R., M.R.C.S., L.D.S.: Notes on Some Cases of Neuralgia.
BAKER, A. W. W., M.B., M.S., F.R.C.S.I., L.D.S.Dub.: Difficult Eruption of the Third Molar.
BENNETT, F. J., M.R.C.S., L.D.S.: Some Anatomical Results of Efficient Mastication.
COLYER, J. F., M.R.C.S., L.R.C.P., L.D.S.: Irregularities of the Teeth as shown by the Jaws of Animals. A contribution to comparative pathology.
FAIRBANK, H. A., M.S., L.D.S.: Sarcomata of the Jaws.

OBSTETRICS AND GYNAECOLOGY.

President: ERNEST HASTINGS TWEEDY, F.R.C.P.Ire., Dublin.

Vice-Presidents: WILLIAM FOOKES THOMPSON, M.D., Launceston; J. MACPHERSON LAWRIE, M.D., Weymouth; WALTER LEY WOOLLCOMBE, F.R.C.S.E., Plymouth; WILLIAM WALTER HUNT TATE, M.D., London.

Honorary Secretaries: GEORGE HERBERT JOHNSON, M.R.C.S., 7, Den Crescent, Teignmouth; HY. RUSSELL ANDREWS, M.D., 7, Wimpole Street, London, W.; EDWIN JOSIAH TOYE, M.D., Bridgeland Street, Bideford.

The following is a preliminary programme of arrangements:

Wednesday.—Discussion, The Justification for Artificial Dilatation of the Cervix to Hasten Delivery at Full Time, with a discussion on the Most Appropriate Method for Procuring this Dilatation. To be opened by Dr. Robert Jardine.

The following is a synopsis of Dr. Jardine's paper: Justified by use and wont, also because by the performance of the operation in certain cases the mother's life can be saved, and in other cases it is necessary in the interest of the child. Methods of performance of the operation: (1) Methods which are somewhat approximated to the natural process—first, by the use of hydrostatic bags of the type of Barnes's or Champetier de Ribes's; secondly, the vaginal tampon which stimulates uterine action. (2) More rapid methods by stretching the canal—first, the manual method; secondly, the bimanual method; thirdly, the use of screw dilators of the type of Bozzi's. (3) Cutting methods—first, multiple incisions when the cervix is taken up; secondly, vaginal Caesarean section when the cervix is not taken up. The dangers of each of the methods will be dealt with, and the cases most suitable for the different methods will be indicated.

Thursday.—Discussion, Measures to be Recommended to Secure the Earlier Recognition of Uterine Cancer. To be opened by Dr. Herbert R. Spencer.

The following propose taking part in the discussions: Professor Strassmann, Dr. Robert Bell, Dr. S. Cameron, Dr. Frederick Edge, Dr. W. E. Fothergill, Dr. A. L. Galabin, Dr. T. Arthur Helme, Mr. F. Bowreman Jessett, Dr. M. Handfield-Jones, Dr. J. Munro Kerr, Dr. Arnold Lea, Dr. A. H. N. Lewers, Dr. Cuthbert Lockyer, Dr. F. J. McCann, Dr. W. H. Newnham, Dr. Inglis Parsons, Dr. Charles Ryall, Mrs. Scharlieb, M.D., Sir William Japp Sinclair, Sir William Smyly, and Dr. Thomas Wilson.

Friday is set apart for the reading and discussion of short papers. The following papers will be read:

CAMERON, Dr. S.: Fibroid and Fibromyomatous Tumours in Unusual Sites.
EDGE, Dr. Frederick: A Note on the Technique of Abdominal Hysterectomy.
KERR, Dr. J. Munro: A Case of Complete Rupture of the Uterus, with escape of the Fetus into the Peritoneal Cavity: Panhysterectomy: Recovery.
LOCKYER, Dr. Cuthbert: The Operative Treatment of Cervix Carcinoma.
SCHARLIEB, Mrs., M.D.: A Short Report on Cases of Abdominal Section for Cancer of the Uterus.
LAWRIE, Dr. Macpherson: Remarks on Six Successful Hysterectomies for Fibroid Disease in One Family.
MARTIN, Mr. Christopher: On Three Cases of Osteomalacia treated by Removal of the Ovaries.
STRASSMANN, Dr. Paul: Remarks on the Indications for, and Methods of, Operating on Uterine Fibroids.
SWAYNE, Dr. C. Walter: Chorion-epithelioma with Sections and Lantern Slides.
WILSON, Dr. Thomas: Pubiotomy, with Notes of an Illustrative Case.
PARSONS, Dr. Inglis: A Series of 100 Consecutive Abdominal Sections in Hospital Practice.

STATE MEDICINE.

President: ARTHUR NEWSHOLME, M.D., M.O.H., Brighton.

Vice-Presidents: EDWARD ALEXANDER BRASH, M.R.C.S., Exeter; FREDERICK MANN WILLIAMS, M.R.C.S., Plymouth; Professor HENRY RICHARD KENWOOD, M.B., London.

Honorary Secretaries: SACK NOY SCOTT, M.R.C.S., Plymstock, Devon; FRANCIS CHARLES MARTLEY, M.D., 71, Lower Baggot Street, Dublin.

The following preliminary arrangements have been made:

Wednesday.—Dr. Newsholme will introduce a discussion on The Co-ordination of the Public Medical Services.

Dr. H. Cooper Pattin, Dr. H. Manley, Dr. F. E. Freemantle, Dr. M. D. Edes, and Dr. Joseph Kenny will take part in this discussion.

Thursday.—Professor Kenwood will open a discussion on The Reduction of Infant Mortality by Better Management and Control of the Milk Supply. It is further proposed to consider the Abolition of Private Slaughter-houses and a more strict Inspection of our Meat Supplies.

Dr. E. W. Routley (Aldershot) will read a paper on Infant Mortality the Result of Home Contamination of Milk. The following will contribute towards this discussion: Lieutenant-Colonel R. Caldwell, R.A.M.C.; Dr. Herbert Jones, Dr. F. E. Freemantle, Dr. W. J. Thompson, Professor J. S. Woodhead, Dr. Cuthbert Thompson (Kentucky), and Dr. T. Frederick Pearse (Calcutta).

Friday.—It is proposed to discuss the following questions on Rural Hygiene: (*a*) The Isolation of the Infectious Sick in Rural Districts; (*b*) The Difficulties in the Operation of the Midwives Act in Rural Districts; (*c*) The Housing of the Labourer in Rural Districts; (*d*) The Economical Treatment of the Sewage of Small Communities; (*e*) What constitutes "Sufficient Supply of Wholesome Water," P. H. W. Act, 1878?

These subjects will be introduced or discussed by Dr. W. F. Brown (Ayr), Dr. J. Arnallt Jones (Aberavon), Dr. F. C. Freemantle (Hertford), Dr. J. M. Wilson (Beverley), Dr. Herbert Jones (Hereford), Dr. C. H. W. Parkinson (Wimborne), Professor T. A. Starkey (Montreal).

The following papers will be read on convenient days:

HORDER, Dr. T. Garrett (Cardiff): The New Vaccination Order.

TIDSWELL, Dr. H. (Torquay): The Effect of Tobacco Smoking on the Health of the Individual and the Nation.

MCWALTER, Dr. J. C. (Dublin): The Prevention of Putrefaction.

GILCHRIST, Dr. A. W. (Nice): On the Necessity of Increasing the Degree of Immunity Against Small-pox.

The septic sewage works at Exeter will be open for inspection, and the city surveyor will be glad to show and explain the works.

NAVAL AND MILITARY.

President: Inspector-General JAMES PORTER, C.B., M.D., R.N., Newport, Mon.

Vice-Presidents: Colonel GEORGE DEANE BOURKE, C.B., R.A.M.C., Devonport; Brigade-Surgeon-Lieutenant-Colonel J. RAGLAN THOMAS, M.D., V.D., Exeter; Surgeon-Lieutenant-Colonel DECIMUS CURME, M.R.C.S., Blandford.

Honorary Secretaries: Fleet-Surgeon HORATIO S. R. SPARROW, L.R.C.P., R.N., Royal Marine Barracks, Plymouth; Surgeon-Major JOHN ROBINSON HARPER, M.R.C.S., Bear Street, Barnstaple; Surgeon-Captain JOHN SHIRLEY STEELE PERKINS, M.B., V.M.S., 47, Southernhay West, Exeter; Major BENJAMIN FRAZIER ZIMMERMANN, R.A.M.C. (ret.), M.R.C.S., L.R.C.P., Bicton Lodge, Heavitree, Exeter.

The following programme has been arranged:

Discussions: The Treatment of Wounded in Fleet Actions. To be opened by Fleet Surgeon A. Gaskell, R.N.

The following is a synopsis of Fleet Surgeon Gaskell's paper: I. Details on which we are all practically agreed: (1) A hospital ship should be built. (2) A new naval first-aid dressing should be devised. (3) First aid should be taught. (4) The haversacks should be distributed before action. (5) In peace time the first-aid dressing should frequently be used for instruction. (6) The surgical apparatus should be protected during action. II. Details on which we are as yet undecided: (*a*) The proper medical "preparation for battle." (*b*) The medical staff should be augmented. (*c*) Cleansing the men's skin and clothing before going into action. (*d*) The proper stations for the medical staff and their assistants. (*e*) The details of moving the wounded. (*f*) The treatment of the wounded after action. (*g*) The best authorities on the subject.

Treatment Afloat of (*a*) Syphilis, to be opened by Surgeon A. Burke, R.N.; and (*b*) Burns and Scalds, to be introduced by Staff Surgeon Sutcliffe.

Papers:

CALDWELL, Lieutenant-Colonel: Enteric Fever during Active Service.

WILSON, Lieutenant-Colonel E. M., R.A.M.C., C.B.: The Provision of Male Subordinates for the Medical Service on Mobilization in Case of War.

DAVIES, Lieutenant-Colonel A. M., R.A.M.C.: Enteric Fever: Its Spread by Personal Infection and Preventive Measures on Active Service. The Value of Inoculation as a Preventive.

FAICHNIE, Major, R.A.M.C.: Water Supply in Camps, on the March, and in Battle.

BLACKHAM, Major, R.A.M.C.: The Teaching of Hygiene in the Army.

GILES, Surgeon-Colonel: The Position of the Volunteer Regimental Stretcher Bearer. Disposal of Excreta in Camp and on the March.

BASSETT-SMITH, Fleet Surgeon: Frequency of Aneurysms in the Royal Navy.

DUNCAN, Staff Surgeon: A Form of Oral Filter to be Used by all Persons in the Operating Room.

NORRIS, Staff Surgeon: Wireless Telegraphy and Hospital Ships.

HORNE, Fleet Surgeon: The Choice of the Field of Practice (the Navy).

PATHOLOGICAL MUSEUM.

THE following are the members of the Committee:—

President: J. D. HARRIS, M.D.

Honorary Secretaries: R. V. SOLLY, M.D., 40, West Southernhay, Exeter; G. P. HAWKER, M.B., 8, St. Leonard's Road, Exeter.

MEMBERS OF COMMITTEE:

A. E. CARVER, M.D.	W. L. PETHYBRIDGE, M.D.
B. DYBALL, F.R.C.S.	R. PICKARD, F.R.C.S.
W. GORDON, M.D.	A. C. ROPER, F.R.C.S.Edin.
R. HINGSTON	H. SHARP, M.B.
H. C. JONAS, M.D.	P. H. STIRK
R. H. LUCY, F.R.C.S.	G. L. THORNTON, M.R.C.P.
H. MONTGOMERIE, M.D.	H. W. WEBBER.

EX-OFFICIO MEMBERS:

The President-elect: H. DAVY, M.D., F.R.C.P.

The Local Honorary Treasurers: J. SOMER, M.R.C.S.; L. H. TOSSWILL, M.B.

The Local Honorary Secretaries: RUSSELL COOMBE, F.R.C.S.; G. T. CLAPP, M.B.; LEONARD R. TOSSWILL, M.R.C.S.

The Committee responsible for the organization of the Pathological Museum are anxious to secure the co-operation of the officers of the various Sections at the forthcoming annual meeting. They will be glad to take charge of, and place in the Museum for exhibition, any specimens, photographs, diagrams, or microscopic slides during the time they are not required by those who are reading papers or taking part in the discussions. The Committee therefore request members who propose to bring any material to communicate direct with the Honorary Secretaries, at 40, West Southernhay, Exeter, as this will greatly facilitate the necessary arrangements.

PROVISIONAL PROGRAMME OF PROCEEDINGS.

SATURDAY, JULY 27TH.

9.30 a.m.—Annual General Meeting, to be followed immediately by Representative Meeting.

MONDAY, JULY 29TH.

9.30 a.m.—Adjourned Representative Meeting.
4 p.m.—Reception by the R.W. the Mayor in the Guildhall.

TUESDAY, JULY 30TH.

9.30 a.m.—Adjourned Representative Meeting.
12 noon.—Service at the Cathedral.
Exhibition of Foods, Drugs, and Instruments.
2.30 p.m.—Adjourned General and Representative Meetings. Induction of President.
4 p.m.—Garden Party by Mayor on Northernhay.
8.30 p.m.—President's Address in Theatre.

WEDNESDAY, JULY 31ST.

10 a.m. to 1 p.m.—Sectional Meetings.
Exhibition of Foods, Drugs, and Instruments.
2.30 p.m.—Address in Medicine.
3.15 p.m.—Adjourned Representative Meeting.
4 p.m.—Garden Party by Dr. Deas (President, South-Western Branch), Wonford House.
Garden Party by Dr. Samways, Knowle, Clyst St. George.
Drive across Woodbury Common, and Garden Party in Manor House Grounds, Exmouth.
8.30 p.m.—Reception by Branch on Northernhay.

THURSDAY, AUGUST 1ST.

8 a.m.—Temperance Breakfast.
Exhibition of Foods, Drugs, and Instruments.
10 a.m. to 1 p.m.—Sectional Meetings.
2.30 p.m.—Address in Surgery.
4 p.m.—Garden Party at Bishop's Palace.
Drive from Cullompton to Black Down Hills and Picnic Tea by Dr. Gidley, Cullompton.
Garden Party at Killerton by Sir Thomas Dyke Acland, Bart.
Garden Party at Seaton.
7.30 p.m.—Annual Dinner.
8.30 p.m.—Ladies' Entertainment at Theatre.

FRIDAY, AUGUST 2ND.

10 a.m. to 1 p.m.—Sectional Meetings.
Exhibition of Foods, Drugs, and Instruments.
4 p.m.—Garden Party by Sir Dudley Duckworth King, Bart., High Sheriff of Devon, and President of the Royal Devon and Exeter Hospital, at Wear House.
Luncheon Party at Teignmouth, and Drive to Chudleigh, tea being given at Ugbrooke by Lord Clifford of Chudleigh.
Luncheon Party at Torquay.
Luncheon Party at Sidmouth.
8 p.m.—Popular Lecture.
8.30 p.m.—Reception by Civic Authorities in Royal Albert Memorial.

SATURDAY, AUGUST 3RD.

Excursions.

ANNUAL EXHIBITION.

THE Annual Exhibition of Foods, Drugs, Medical and Surgical Instruments, Sanitary and Ambulance Appliances, etc., will be held at the Victoria Hall, Queen Street, within two minutes' walk of the Reception Room, from Tuesday, July 30th, to Friday August 2nd. The exhibition will be open from 9 a.m. to 6 p.m. daily.

HONORARY LOCAL SECRETARIES:

RUSSELL COOMBE, M.D. (Cantab.), F.R.C.S.Eng., 5, Barnfield Crescent, Exeter.

G. T. CLAPP, M.B. (Cantab.), 14, West Southernhay, Exeter.

LEONARD R. TOSSWILL, M.R.C.S., L.R.C.P., 34, West Southernhay, Exeter.

EXCURSIONS.

SATURDAY, AUGUST 3RD.

1. *Plymouth.*—The Mayor of Plymouth will kindly entertain 125 members to luncheon at 1 p.m. At 3 p.m. the members resident in the three towns and district have arranged for a steamer to leave West Hoe Pier for a trip round Plymouth Sound, the Hamoaze, and the River Tamar. At 4.30 there will be tea at Mount Edgcumbe, kindly provided by the Earl of Mount Edgcumbe. The steamer will return to West Hoe Pier about 6 p.m. Ladies will be heartily welcomed on the steamer trip, and also at tea. In addition, arrangements will be made in the morning for visiting Devonport Dockyard. The P.M.O., R.A.M.C., and the Inspector-General, R.N., will be pleased to show members over the Station Hospital, Devonport, the Military Families' Hospital, and the Royal Naval Hospital, Plymouth. The Inspector-General, R.N., has also arranged for visits to H.M.S. *Cambridge* (gunnery ship, H.M.S. *Defiance* (torpedo ship), H.M.S. *Indus* (training ship for artificers), etc.

2. *Falmouth.*—An unlimited number of members will be entertained at luncheon.

3. *Ilfracombe.*—The Urban District Council will entertain twenty-five members to luncheon, and before leaving, Dr. C. W. Toller will kindly provide refreshments at the Hydropathic.

4. *Bideford and Clovelly.*—Members will proceed to Bideford by rail, continuing the journey to Clovelly by coach. Mrs. Hamlyn, of Clovelly Court, will kindly entertain twenty members to luncheon, and on the return journey it is expected that tea will be provided at Bideford by the kindness of the Mayor.

5. *Tavistock and Endsleigh.*—Members will proceed to Tavistock by rail, arriving about 11.30 a.m., driving thence to Endsleigh, the beautiful seat of His Grace the Duke of Bedford, who has kindly promised to entertain fifty members at luncheon. Returning to Tavistock, tea will be provided at the Bedford Hotel.

Meetings of Branches & Divisions.

[*The proceedings of the Divisions and Branches of the Association relating to Scientific and Clinical Medicine, when reported by the Honorary Secretaries, are published in the body of the* JOURNAL.]

ABERDEEN BRANCH.

THE summer meeting was held at Stonehaven on Tuesday, June 18th, at 1.45 p.m. There was a representative attendance in spite of most unfavourable weather. The Council met under the presidency of Professor Finlay and admitted, as members of the Association, Dr. William A. Watson (Huntley), Dr. McGregor (Kuala Lumpur, Selangor, Straits Settlements), and Dr. F. K. Smith (Aberdeen).

Representative on Branch Council.—It was announced that Professor Finlay had been appointed to represent the Branch on the Council of the Association.

Minutes and Report.—At the general meeting held subsequent to the Council meeting, the minutes of the last meeting and the annual report were approved.

Representative at Annual Representative Meeting.—Dr. Lawson (Banchory) was appointed Branch Representative to the Representative Meeting at Exeter.

Luncheon, etc.—Thereafter the members lunched together, and in the afternoon several golf matches were played. The annual dinner in the Bay Hotel, Stonehaven, in the evening proved a most enjoyable function.

BORDER COUNTIES BRANCH.

THE annual general meeting of the Branch was held in the Crown and Mitre Hotel, Carlisle, on Friday, June 21st, Dr. BOWSER, President, in the chair.

Apologies for Non-attendance.—Apologies for unavoidable absence were intimated from Drs. S. F. McLachlan, Mungo Bryson, Goodchild, and G. J. Muriel.

Confirmation of Minutes.—The minutes of the last meeting were read, approved, and signed by the Chairman.

Report of Council.—The following report was read: Since your Council's last report three meetings of the Branch have been held, one in Penrith and two in Carlisle. At all of these the attendance has been unusually satisfactory, a fact due, perhaps, to the unusual interest that the subjects under discussion had aroused. The President's address at the last annual general meeting was received with the greatest interest, and occasioned considerable discussion amongst the profession throughout the country. At the Penrith meeting Dr. Clouston gave a most interesting address on the hygiene of mind, and at the special meeting, held at the request of the Scottish Division in Carlisle to discuss the question of contract practice, there was a very large attendance to hear Mr. Smith Whitaker's address on that subject. As the practical outcome of that meeting the Divisions are at present considering the advisability of adopting the measures then put forward. Ten new members have been elected to the Association during the year, but your Council regrets having to record the deaths of two past Presidents of the Branch in the persons of Dr. J. A. Campbell and Dr. James Altham. With regard to the meetings to be held during the ensuing year, your Council suggests that one be held in the autumn in Dumfries, and another in the spring at some convenient town in the English Division. The work under consideration at this time last year of revising the existing boundaries of the Divisions has now taken definite shape, and the date of the fortieth annual meeting of the Branch will mark the inauguration of the "English" Division, and it is the hope of the Council that the changes they have recommended may prove beneficial to the better working of the Branch. The Branch had this year 35 votes for foundation scholarships at Epsom College, and these were allotted by the Council as follows: 18 to Robert E. Denny and 17 to Eric D. Harlock. The votes for pensionerships were divided equally among those specially recommended by the Committee of Examination. The financial report is appended, and shows a credit balance of £21 2s. 4d. The Council announces with pleasure that Dr. James Macdonald of Carlisle has allowed himself to be nominated for the post of President-elect in the ensuing year. Dr. F. R. Hill of Carlisle was also nominated as Secretary and Treasurer, and as no further nominations have been received these gentlemen are hereby declared duly elected. Dr. Maxwell Ross has again been returned unopposed as the Representative on the Central Council of the Association. The annual meeting of the Branch has to elect six members to serve on the Branch Council, and the following names are suggested by the Council for your consideration: D. S. Doughty (Dalston), W. F. Farquharson (Carlisle), W. Lockerbie (Annan), M. Ogilvy-Ramsay (Carlisle), W. Murdoch (Annan), G. J. Muriel (Whitehaven). The report was adopted. The six members of Council nominated in the report were then formally elected and the auditors, Drs. Donald and Sedgwick, were re-elected.

Additional Branch Secretary.—The Secretary of the Scottish Division, Dr. G. R. Livingston, was then elected to be Additional Secretary of the Branch in accordance with the request of the Scottish Committee of the Association.

Alterations of By-laws.—The following alterations in the Branch By-laws were then put to the meeting and formally adopted after some discussion:

Constitution.

1. The Branch shall consist of the Scottish, North and West Cumberland Divisions.

Membership.

2. The ordinary members of the Branch (hereinafter called members) shall be the ordinary members of the Divisions composing the Branch.*

Branch Council.

3. The management of the affairs of the Branch shall be vested in the Branch Council, which shall consist of the officers named in Rule 4, together with the member of the Central Council of the Association elected by the Branch jointly with the North Lancashire and South Westmorland Branch; members elected by the Divisions in the manner prescribed in Rule 6, and six members elected at the annual general meeting of the Branch.†

Officers.

4. The officers of the Branch shall be a President, President-elect, a Vice-President, Treasurer, and Secretary.‡

The President shall be elected annually from among those members of the Branch who have not held the said office during the previous two years. He shall take office as President at the annual meeting of the year following the year of his election, and until then shall be designated President-elect.

The office of Vice-President shall be held by the retiring President for a space of one year.

The Treasurer and Secretary shall be elected for a term of one year, and shall be eligible for re-election.

The above officers shall be elected by voting papers sent to every member of the Branch, not less than fourteen days before the annual meeting, containing the names of those members who have been nominated for each office by the Council, or by any three members of the Branch, in writing, to the Secretary, not less than three weeks before the annual meeting.

These voting papers shall be returned to the Secretary not less than three days before the annual meeting, and the result shall be ascertained by two scrutineers appointed for the purpose.

AMENDMENTS.

1. The Branch shall consist of the English and Scottish Divisions.

* *Add*—and Extraordinary Members (Art. VI and By-law 10), who shall come up for re-election at each annual general meeting of the Branch.

† *Add*—and the Secretaries of the two Divisions. Each member of the Branch Council shall be elected for one year, and at the end of that time shall be eligible for re-election, unless he has served as such member for five years consecutively, in which case he shall be for one year ineligible for re-election.

A term of membership held *ex officio* shall be regarded as the necessary break entitling the holder to re-election.

‡ *Add*—and an additional Secretary from the Scottish Division, who shall have a seat on the Scottish Committee of the Association.

Extraordinary Members.—Arising from their adoption the following extraordinary members were then elected: The President and Secretary of the North Lancashire and South Westmorland Branch (*ex officio*), Dr. W. S. Syme, Glasgow.

Future Meetings.—It was decided that the Branch should hold meetings in Dumfries in the autumn and another in the spring of 1908 in Workington.

Vote of Thanks to the Honorary Chairman.—Dr. MACDONALD of Carlisle, the new President-elect, proposed a vote of thanks to Dr. Bowser, referring in happy terms to the prosperity of the Branch, in every sense, during Dr. Bowser's term of office. Dr. MAXWELL ROSS, seconded this proposal, which was carried by acclamation.

Introduction of New President.—Dr. BOWSER returned thanks for the honour and introduced his successor, Dr. F. H. Clarke, of Dumfries.

President's Address.—Dr. CLARKE gave a most interesting address on the subject of the occurrence of epileptoid symptoms with tachycardia and bradycardia. On its conclusion Dr. BOWSER moved that the thanks of the meeting be accorded to Dr. Clarke for his most useful address, and Dr. HENRY BARNES warmly seconded this, and referred to the long and careful study which Dr. Clarke had evidently given to a subject which is at present engrossing the attention of the medical profession. Dr. CLARKE returned thanks, and this terminated the meeting.

Office-Bearers.—The following is a complete list of the office-bearers and members of Council for the ensuing year:—*President*, F. H. Clarke (Dumfries); *President-elect*, James Macdonald (Carlisle); *Vice-President*, J. E. Bowser (Penrith); *Secretary and Treasurer*, F. R. Hill (Carlisle) *Additional Secretary*, Dr. G. R. Livingston (Dumfries) *Scottish Delegates*, G. D. Logan and J. S. Bell; *English Delegates*, J. W. Crerar, D. C. Edington, C. W. Donald, J. Penny; *Representative on Central Council*, J. Maxwell Ross (Dumfries), D. S. Doughty, M. Ogilvy-Ramsay, W. Murdoch, W. F. Farquharson, W. Lockerbie, G. J. Muriel; *Divisional Secretaries*, G. R. Livingston (Scottish); N. MacLaren (English).

CONNAUGHT BRANCH.

PURSUANT to notice, a meeting was held at 12.30 p.m. at Ryan's Hotel, Claremorris, to form the Connaught Branch of the British Medical Association. There was a good attendance of members from the three constituent Divisions. The notice convening meeting was read, and Mr. Mahon was appointed chairman of the meeting.

Election of Officers.—The following officers were elected: *President*, R. J. Kinkead, M.D., Galway; *President-elect*, R. B. Mahon, F.R.C.S.; *Honorary Secretary*, John Mills, M.B., Ballinasloe; *Representative for Representative Meeting*, R. B. Mahon, F.R.C.S., Ballinrobe; *Representatives on Irish Committee*, R. B. Mahon, F.R.C.S; John Mills, M.B. *Executive Committee of Branch*, Drs. Kelly, Hanrahan, Brennan, Martyn, Carroll, Laird, S. B. Costello, Joseph MacDonald, John Mills, with the President and President-elect.

Rules.—Rules for the Branch were considered and adopted.

Ethical Rules.—Draft rules to regulate procedure in ethical matters were considered, and also the draft rules as to contract practice. It was unanimously agreed that these be referred to the Executive Committee, to whom full power be delegated to revise and adopt them, and that they be then forwarded to each Division for adoption.

Annual Meeting.—It was agreed that the next annual meeting should be held on the third Wednesday in May, 1908.

The Charter.—Dr. Mills, the present Representative to Representative Meetings, was directed to oppose the alteration in the Charter of the existing power of the Central Council, and if unable to attend the Special Representative Meeting was given power to appoint a deputy.

New Member.—Dr. MacDonough, Galway, was elected by the Council a member of the Branch.

EAST ANGLIAN BRANCH:

WEST NORFOLK DIVISION.

THE annual meeting of this Division was held at the West Norfolk and Lynn Hospital on Wednesday, June 19th, at 3 p.m. Dr. J. R. CHADWICK, Chairman, presided.

Confirmation of Minutes.—The minutes of the last meeting were read and adopted.

Election of Officers.—The following office-bearers were then elected for the ensuing year: *Chairman*, Dr. Steele; *Vice-Chairman*, Dr. Chadwick; *Honorary Secretary*, Dr. Forrest; *Representative at the Representative Meetings*, Dr. Thomas; *Representative on the Council of East Anglian Branch*, Dr. Thomas; the *Executive Committee* was elected by ballot as follows: Drs. Gardiner, Lister, Roddis, and Wales.

Annual Report.—The annual report and balance sheet were approved.

Hospital Administration.

The subject of hospital administration was considered and the following conclusions unanimously arrived at:

1. That there be no compulsory payment by patients to hospitals other than cottage hospitals.

2. That the production of subscribers' letters be not compulsory.

3. That inquiry into a patient's circumstances should invariably take place.

4. That a certificate be required from the medical attendant of all persons attending out-patient departments.

Medical Inspection of School Children.—It was agreed that the question of the medical inspection of school children be not considered at present.

Ethical Aspects of Medical Consultation.—As regards the ethical aspects of medical consultation, the recommendations of the Central Ethical Committee were considered and unanimously approved.

The New Vaccination Order.—An interesting discussion on the new Vaccination Order then took place, and it was

decided unanimously that any attempt by boards of guardians to reduce the fees now payable to public vaccinators be resisted.

Luncheon.—The members were entertained to luncheon and tea by the Chairman.

GLASGOW AND WEST OF SCOTLAND BRANCH:

NORTH-WEST DIVISION.

A special meeting of this Division was held in the large theatre of the Western Infirmary on May 31st at which about one hundred and ten medical practitioners were present. All the practitioners in Glasgow and the neighbouring district were invited.

Electro-therapeutics.—Dr. LEWIS JONES, medical Officer in charge of the Electrical Department in St. Bartholomew's Hospital, London, delivered a lecture on The Really Useful in Electro-therapeutics. After referring to the great progress which had taken place during the past fifteen years in the general employment of electricity, he touched upon the advances which had been made in its medical applications during the same period. He then proceeded to discuss the reasons for the comparatively slight hold which medical electricity had taken upon the general body of medical practitioners. Many explanations had been put forward, but he was disposed to think that the real one was that so much of the work done in electro-therapeutics was of a vague or unsatisfactory nature, being auxiliary rather than indispensable. Still there were certain things which could be accomplished better by electrical than by any other methods, as, for instance, the diagnosis of nervous diseases, the uses of *x* rays in diagnosis, the treatment of peripheral paralyses by electrical currents, of ringworm and other cutaneous disorders by *x* rays, the destruction of naevi, and the removal of superfluous hairs by electrolysis. These were instances of definite results obtained by electrical methods, and if medical electricity was to take a high position in therapeutics, it must be by the discovery of new methods of the same nature, which were capable of giving results which were plain for all men to see. Of all the promising lines for future investigation in connexion with the medical applications of electricity, he thought that work in connexion with the migration of ions under electric stresses was the most promising. The introduction of chemical substances by electric currents had been known for a long time, but the subject had remained without valuable applications until quite lately. The writings of S. Leduc, of Nantes, had illuminated the matter and had started investigators along that channel. Dr. Jones mentioned especially the treatment of rodent ulcer with zinc ions, which, he said, had proved very satisfactory in his experience, and then proceeded to point out the possibility of obtaining other equally satisfactory results in the treatment of other superficial diseased conditions by ionization. Cocaine could be usefully introduced for producing local anaesthesia; adrenalin also. Copper ions were valuable in the treatment of ringworm. Aniline, zinc, and other antiseptic bodies were being employed for lupus, and some successes had been obtained. Magnesium ions had a striking effect upon multiple warts. All these applications of the ionic method and many others required patient study in order to elaborate them for general medical use, and a field of research was here indicated which promised to be a fruitful one.

The meeting was very successful.

LANCASHIRE AND CHESHIRE BRANCH:

LIVERPOOL (SOUTHERN) DIVISION.

THE annual meeting of this Division was held on June 28th at the Liverpool Medical Institution. Dr. WESTBY, the retiring Chairman, was unable to be present. The VICE-CHAIRMAN (Dr. Harvey) took the chair.

Confirmation of Minutes.—The minutes of the last meeting were read and confirmed.

Annual Report.—The annual report of the Division, showing a membership of 62, and a balance of £4 4s. 5d. in hand, was read and adopted.

Election of Officers.—Dr. Harvey, the Vice-Chairman, was unanimously elected Chairman for the ensuing two years. The following elections were also made: *Vice-Chairman*, Dr. Charles Lee; *Honorary Secretary and Treasurer*, Dr. Given; *Executive Committee*, Drs. Bennett, Logan, Sharp, Steeves, Westby; *Representatives on Branch Council*, Drs. Given and Westby; *Representative at Exeter*, Dr. Westby; *Deputy Representative*, Dr. Given; *Representatives on Joint Committee of Liverpool and Birkenhead Divisions*, Drs. Bennett, Given, Harvey, C. Lee, Westby.

Special Representative Meeting.—The report of Dr. Westby, the Representative at the Special Representative Meeting in London in May, was then read and adopted, and a very cordial vote of thanks to him was passed.

Librarian of the Liverpool Medical Institution.—The HONORARY SECRETARY was instructed to forward the following resolution, which was passed unanimously, to the Honorary Secretary of the Council of the Lancashire and Cheshire Branch:

> The Southern Division of Liverpool is of opinion that some substantial honorarium should be given to the resident librarian of the Liverpool Medical Institution by the Lancashire and Cheshire Branch, in consideration of the very numerous meetings of the Council, Divisions, and Committees of the British Medical Association held, free of all charge, in that institution.

ST. HELENS DIVISION.

A MEETING of the St. Helens Division was held on Wednesday, June 19th, in the Young Men's Christian Association Buildings, North Road, St. Helens. Dr. REID, Chairman of the Division, was in the chair, and there were also present: Drs. Bassett, Dowling, Mouncey, Orton, Walker, and Buchan.

Annual Report.—The SECRETARY presented the report for the year 1906-7, with the financial statement, which was approved.

Election of Officers.—The following office-bearers were appointed for the session 1907-8: *Chairman*, J. Reid, M.D.; *Vice-Chairman*, C. J. Mouncey, M.B.; *Honorary Secretary and Treasurer*, John J. Buchan, M.D., Town Hall, St. Helens; *Representative on the Branch Council*, F. P. Bassett, Esq.; *Representative at the Representative Meetings* (with Warrington Division), F. P. Bassett, Esq.

Medical Attendance and the Truck Act.—The Division then went over the memorandum of the Association with respect to medical attendance and the Truct Act, and made replies to the queries so far as they affect the district.

This was all the business.

ST. HELENS AND WARRINGTON DIVISIONS.

A JOINT meeting of these two Divisions was held on June 19th, in the Young Men's Christian Association Buildings, St. Helens, for the purpose of electing a Representative for the two Divisions at the Representative Meetings of the Association. It was moved and seconded and carried that Dr. REID, Chairman of the St. Helens Division, take the chair.

In accordance with the arrangement come to last year, it was agreed that a member of the St. Helens Division should this year act as Representative; and it was moved and seconded and carried unanimously that Dr. F. P. Bassett, Victoria Square, St. Helens, be the Representative for the ensuing year.

METROPOLITAN COUNTIES BRANCH.

THE annual meeting of this Branch took place on Thursday, June 27th, in the Oak Room of the Great Central Hotel, Dr. KER, President, in the chair.

Minutes.—Owing to circumstances the minutes of the last annual meeting could not be read.

Amended Rules.—The HONORARY SECRETARY then proposed seriatim the amended rules of the Branch which had been discussed by the Council of the Branch. They were all passed as the Council had amended them with one important exception, the effect of which was that the Chairman and Representative at the Representative Meeting of each Division were made *ex officio* members of the Branch Council. This amendment was proposed by Dr. FRED. J. SMITH, seconded by Sir VICTOR HORSLEY, and carried with one dissentient.

Election of Officers.—The HONORARY SECRETARY then read the result of the recent elections to the various offices of the Branch—namely: *President-elect*, Mr. Edmund Owen (the Honorary Secretary explained that Mr. Owen's was the only nomination for this office, the nomination of Dr. Buckell having been a mistake of the Honorary Secretary); *Treasurer*, Mr. H. B. Robinson; *Honorary Secretaries*, Dr. F. J. McCann and Mr. Atwood

Thorne; *Representatives on the Central Council*, Dr. Ford Anderson, Dr. Eastes, Dr. Haslip, Dr. Ker, and Dr. L. E. Shaw; *Vice-Presidents*, Dr. Goodall, Dr. Ker, Dr. Shaw, Dr. F. J. Smith.

Annual Report.—The HONORARY SECRETARY then read the following:

Branch Meetings.

During the year there has only been one Branch meeting necessary, namely, the annual one for the election of officers and for sanctioning the new rules of procedure in ethical matters.

Branch Council.

During the year the Council has held ten meetings, which have been occupied with the following important matters:

1. The rules of procedure in ethical matters. These were very fully discussed by the Council, and finally agreed to by the Branch at its annual meeting. Happily no case arose during the year calling for the application of either these or our old ethical rules.

2. Early in the year the Council, after very full and protracted discussion, determined to appoint three new Standing Committees, viz.:

i. A Finance Committee.

ii. A Medico-Political.

iii. A Medical Charities.

These three Committees have proved very useful, and have held many meetings, at which matters of great importance have been discussed, amongst which may be enumerated—

(*a*) The settlement of the financial relationships of the Divisions to the Branch.

(*b*) Approaching the candidates for the London County Council and ascertaining their views on several burning questions of the day—for example, the Midwives Act, Registration of Births and Deaths Act, the Coroners Act, etc.

(*c*) Hospital reform, especially in connexion with the King's Fund Bill, the Hospital Sunday Fund Charter, and the management of the Hampstead Hospital.

(*d*) Revision of the rules and formation of standing orders.

(*e*) The organization of the Watford Division.

3. In July the Branch entertained the Representatives of Divisions at a *conversazione* held at the Natural History Museum.

It will thus be seen that the Council has been very active during the year in setting its house in order under the new constitution, and has also found time to help in some important political work in connexion with the non-professional world.

Financial Statement.—The annual statement of the finances of the Branch had been prepared for the meeting and was ordered to be printed in the JOURNAL and entered on the minutes. (See balance sheet at foot of page.)

Central Emergency Fund.—Dr. HASLIP then proposed and Dr. SHADWELL seconded the following resolution:

That the Council of the Branch be asked to devote a further sum of twenty-five guineas (out of the old Branch Funds) to the Central Emergency Fund.

This was carried.

President-elect's Address.—Dr. FREDERICK TAYLOR (President-elect) then gave an interesting address, largely historical, and would have been installed in the President's Chair had not the new rules prevented this being done until after the meeting of the Association at Exeter.

Dinner.—No other business being brought forward the members adjourned to dinner in the Wharncliffe Rooms. At the conclusion of dinner the CHAIRMAN (Dr. Ker) proposed the usual loyal toast, and was then succeeded by Sir ALAN MANBY who proposed in felicitous terms "The British Medical Association." Dr. DAWSON WILLIAMS replied in a good kennel speech, likening the Association to a St. Bernard puppy full of life and energy, but still awkward in its gambols, unconscious of its size and strength. Dr. FLETCHER LITTLE then proposed "The Metropolitan Counties Branch," to which Dr. KER, in well chosen terms, replied. Dr. FREDERICK TAYLOR (President-elect) then proposed "The Visitors," sketching them with the rapidity of a Phil May or a Tom Browne. Canon CURTIS and Dr. SPRIGGE returned thanks on their behalf with deftness and skill of repartee worthy of a larger audience. The TREASURER (Mr. H. B. Robinson) then proposed "The Divisions," saying that as treasurer he knew their little financial difficulties. Dr. LANGDON-DOWN replied in appropriate terms. Mr. A. E. BARKER then proposed "The Officers," coupling the name of Dr. Fred. J. Smith with the toast, whom he said he knew as a man of great prowess on the golf course. Dr. SMITH replied in terms of due deference to the God or Goddess of Gowf. Dr. Byrd Page enlivened the proceedings by exhibitions of conjuring and card tricks mixed with metaphysics, and Mr. Robert Hine pleased the company with two or three most excellent songs. The meeting broke up about 11 p.m.

Balance Sheet for 1906.

Dr.

	£ s. d.	£ s. d.
Balance in hand		716 17 11
Paid by General Secretary:		
On February 6th, 1906	13 16 0	
„ May 28th, 1906	266 14 0	
„ June 20th, 1906	0 18 0	
„ October 3rd, 1906	133 7 0	
„ December 31st, 1906	114 11 0	
		529 6 0
[This amount represents:—		
2,553 Members at 4s. £511 12 0		
Arrears for 1904, 15 at 4s. 3 0 0		
„ „ 1905, 73 at 4s., 1 at 2s. 14 14 0		
£529 6 0]		
Interest		16 0 5
[N.B.—The balance of £826 19s. 0d. is made up of—		
£650 0 0 on Deposit,		
53 4 0 Balance at Bank,		
123 15 0 in hands of Division Secs.]		
£826 19 0		
		£1,262 4 4

FINANCE COMMITTEE.

The Committee has, in accordance with the regulations of the Council, examined the Honorary Treasurer's Financial Statement, and, having compared this with the vouchers and bank book, has authorised the Chairman to sign it as correct.

(Signed) C. O. HAWTHORNE,
Chairman, Finance Committee.
H. BETHAM ROBINSON,
Treasurer.

March 1st, 1907.

Cr.

	£ s. d.	£ s. d.
Expenses of Divisions:		
Chelsea	20 5 4	
City	20 5 0	
Ealing	8 8 11	
Hampstead	45 11 11½	
Kensington	20 3 0	
Lambeth	8 9 0½	
Marylebone	39 9 8	
Richmond	13 16 4	
St. Pancras	14 12 9	
Stratford	12 7 3	
Tottenham	6 15 7	
Walthamstow	9 6 0	
Wandsworth...	75 0 0	
Watford	—	
Westminster...	33 19 1	
		328 9 11
Expenses of Branch:		
Hire of Rooms	18 7 6	
Printing	64 7 4	
Typewriting	3 15 8½	
Expenses of Midwives Committee ...	0 4 11½	
Expenses of South London Hospitals Committee	15 0	
Secretarial expenses	4 11 4	
Treasurer's expenses	0 4 5	
Bank Charges	0 4 2	
		106 15 5
Balance in hand		826 19 0
		£1,262 4 4

KENSINGTON DIVISION.

THE annual general meeting of the Kensington Division was held in the Kensington Town Hall on Tuesday, June 25th, at 5 p.m., Dr. G. CRAWFORD THOMSON in the chair.

Scrutineers.—Dr. C. H. Bennett and Mr. Clifford were nominated scrutineers of the ballot.

Report of Committee.—The SECRETARY read the report of the Committee for the year 1906-7. The adoption was proposed by Sir CHARLES CUFFE, seconded by Mr. STURGE, and carried unanimously.

Annual Representative Meeting.—Dr. C. Buttar was elected Representative for the Division at the Exeter meeting, and matters referred to the Divisions were discussed.

Letters.—The Secretary was instructed to answer letters received from the Chelsea Division with reference to the Kensington General Hospital, and from the Medico-Political Committee of the Branch with respect to the payment of consultation fees by insurance companies, etc.

Election of Officers.—The officers for 1907-8, nominated by the Council, were declared unanimously elected.

Vote of Thanks to Retiring Chairman.—Dr. LAMB proposed and Sir JOHN TYLER seconded a vote of thanks to Dr. Crawford Thomson for his tenure of the chair during the past year. This was carried by acclamation.

SOUTH-EASTERN BRANCH.

THE annual meeting of this Branch took place at Brighton on Wednesday, June 19th. In the unavoidable absence of Dr. Hetley of Norwood, the chair was taken by Mr. J. H. EWART of Eastbourne.

Election of Officers.—The following officers were elected to serve for the ensuing year: *President-elect*, Dr. M. Kirkby Robinson of Dover; *Vice-Presidents, 1907-8*, Dr. Hetley, Dr. Hollis; *Vice-Presidents, 1908-9*, Mr. T. Jenner Verrall, Mr. Charles Wood; *Honorary Secretary and Treasurer*, Dr. H. M. Stewart; Dr. Galton, Dr. Tyson, and Mr. Jenner Verrall were elected as Representatives of the Branch on the Central Council.

Vote of Thanks to Retiring Officers.—A vote of thanks was accorded to the retiring officers.

President's Address.—Mr. JENNER VERRALL, the new President of the Branch, then took the chair and delivered an address on the proposed Charter. Mr. Verrall traced the progress of events which had led up to the proposed Charter, and dealt with the various objections which had been raised. He laid stress on the fact that no action had been taken and nothing had been put into the application, except at the wish of the Association as a whole expressed at meetings of the Representative Body and various Divisions. Mr. Verrall also pointed out that the powers which would be given by the Charter were simply permissive, and in no way necessitated increased expense or new departures. Finally, he urged members to give the matter their most careful consideration and to come to a decision without further delay. A hearty vote of thanks was accorded to Mr. Verrall for his very interesting and helpful address.

Annual Report.—The annual report and statement of accounts of the Branch were laid before the meeting and adopted.

Rules.—Dr. DOUGLAS moved:

> That no alteration of or addition to existing rules be made unless notice of the same be printed and circulated with the agenda at least fourteen days before the meeting at which such alteration, etc., shall be brought forward, and that one month's notice shall be given the Secretary by any member proposing to make any such change in the rules.

This resolution was carried.

The New Vaccination Order.—A resolution was then passed deprecating any reduction in the fees paid to public vaccinators, and pledging the Branch to support to the utmost the present holders of vaccination appointments in resisting any reduction of fees.

Reception by the Mayor.—The majority of the members present subsequently attended a reception at the Royal Pavilion, by the kind invitation of the Mayor, Dr. Henry Gervis. After the Mayor's reception, parties were taken to visit Booth's Museum of British Birds, the Aquarium, and Volk's Seaside Railway.

Dinner.—Fifty-four members and friends dined together at the Hotel Métropole in the evening.

GUILDFORD DIVISION.

THE annual meeting of the Division was held at the Royal Surrey County Hospital on Wednesday, June 26th, at 4.30 p.m., Dr. GEORGE FISHER being in the chair.

Confirmation of Minutes.—The minutes of the previous meeting were read and confirmed.

Election of Officers.—The following were elected officers for the ensuing year: *Chairman*, Dr. George Fisher (re-elected); *Vice-Chairman*, Dr. Anderson Morshead; *Honorary Secretary and Treasurer*, Dr. E. J. Smyth (re-elected); *Representatives at Representative Meetings*, Dr. A. B. Hudson; *Representative on Branch Council*, Dr. E. J. Smyth (re-elected); *Executive Committee*, Drs. Kendall, Kingsford, Levick, Minchin, Morshead, Napper, Pearse, Sloman, Walker, Weaver, and Winstanley.

Annual Report and Balance Sheet.—These were submitted, and it was unanimously agreed to adopt them.

Next Meeting.—It was agreed that the next meeting should be held in October, should be followed by a dinner, and that Dr. H. A. Powell, Honorary Treasurer to the Royal Surrey County Hospital, should be requested to give an address on Hospital Administration with special reference to the abuse of out-patient departments and its remedy.

Contract Practice.—It was also agreed that the question of fixing rates and any other conditions of contract practice in accordance with the ethical rules adopted at the last meeting, should be considered at the next meeting.

Cases, etc.—Dr. ANDERSON MORSHEAD showed the following cases: (1) Paralysis agitans, chiefly left-sided, and following a blow on the head; (2) traumatic neurasthenia in a man, who showed extreme convulsive movements, on attempting any muscular effort. Dr. H. F. PARKER showed, and read the notes of a case of embryonic tumour of the neck in a young child upon which he had operated. The tumour, on pathological examination, was shown to consist mainly of coils of intestine, and was regarded as a case of included fetation. Only partial removal was possible at the time of the operation, and Dr. Parker proposed to deal with the rest of it on a future occasion. It showed no signs of active growth at present.

Votes of Thanks.—The meeting closed with votes of thanks to Dr. Morshead and Dr. Parker, and to the Hospital Committee for the use of the Board room, and for kindly providing tea.

ISLE OF THANET DIVISION.

THE nineteenth meeting of this Division was held at the Royal Sea-bathing Hospital, Margate, on June 25th, at 4 p.m., W. G. SUTCLIFFE, F.R.C.S., in the chair.

Confirmation of Minutes.—The minutes of last meeting were read, confirmed, and signed.

School Certificates.—A letter was read from the Secretary of the South-Eastern Branch with regard to fees for signing school certificates. It was decided that a reply should be sent stating that the Division had made its own resolutions regarding the matter.

Next Meeting.—It was decided that Dr. Moon be asked to take the chair at the next meeting, to be held at Broadstairs in September.

Election of Officers.—The Chairman is elected for each meeting. Mr. Hugh M. Raven was elected Honorary Secretary and Treasurer, and Representative Member of the Division of South-Eastern Branch Council. Drs. Heaton, Nichol, Street, and Watts were elected members of the Executive Committee of the Division.

Executive Committee.—The report of the Executive Committee together with the audited financial statement (which had been circulated) was taken as read and adopted.

Representative Meeting.—The agenda of the Representative Meeting was next discussed, and it was decided to oppose the amendment of Article XXVII, which proposes that the minimum membership of a constituency electing a representative shall in future be 100 instead of 50.

Hospital Administration.—The report of the Hospitals Committee with regard to hospital administration (SUPPLEMENT, BRITISH MEDICAL JOURNAL, April 13th, 1907) was considered, and in the main approved. In answer to the specific questions, the following were given: (1) No; (2) No; (3) Yes; (4) Yes. No comments.

Medical Inspection of School Children.—In discussing the question of medical inspection of school children, it was decided by a majority that it would be preferable to have

a special medical officer for the duties rather than that the duties should be divided among such medical men who cared to undertake the work.

Ethical Aspects of Medical Consultations.—The report on the ethical aspects of medical consultations was discussed, and a vote of general approval passed.

Specimens.— Drs. SUTCLIFFE and HEATON showed two pathological specimens: (*a*) Periosteal sarcoma of upper end of tibia; and (*b*) endosteal sarcoma of upper third of tibia. *X*-ray photographs were shown, and a discussion followed on the differential diagnosis between such cases and tuberculous disease of the knee-joint.

Paper.—Dr. HALSTEAD read a paper entitled "Miscellanies." He dealt with various questions: Cheyne-Stokes breathing, senile heart, senile insanity, alcohol and albuminuria, ischio-rectal abscess, the insurance statistics on the question of total abstinence *versus* moderate alcohol drinking. The paper was discussed by the CHAIRMAN and DRS. NICHOL and WATTS. Dr. HALSTEAD replied.

Vote of Thanks.—A vote of thanks was passed to the Chairman for presiding.

ULSTER BRANCH.

THE twenty-ninth annual meeting of this Branch was held in the Medical Institute, Belfast, on Saturday, June 29th; the PRESIDENT, Professor Symington, F.R.S., in the chair.

Confirmation of Minutes.—The minutes of the last annual meeting were read and confirmed.

Apologies for Non-attendance. — The HONORARY SECRETARY (Dr. Cecil Shaw) announced that apologies had been received from Sir John Byers, Dr. Warnock (Donegal), Dr. J. G. Cooke (Derry), and Dr. StGeorge (Lisburn).

Report of Council.—The report of Council was read by the HONORARY SECRETARY. It included a recommendation to the effect that the resolution of 1906 be reaffirmed—that the Association be invited to meet in Belfast in 1909; and, further, that Sir William Whitla be nominated as President for that meeting and Drs. H. L. McKisack, Cecil Shaw, and Howard Stevenson as honorary local secretaries. The report was moved by Mr. R. J. JOHNSTONE, seconded by Dr. McQUITTY, and passed unanimously.

Annual Report.—The annual report was read by the HONORARY SECRETARY and the statement of accounts by the HONORARY TREASURER (Dr. J. S. Darling) and adopted. They showed a slight increase in the membership of the Branch, which now stands at 355, and an income just equal to the expenditure.

Election of Officers.—The following office-bearers for the session 1907-8 were elected: *President*, Dr. H. T. A. Warnock (Donegal); *Secretary*, Dr. Cecil Shaw; *Treasurer*, Dr. J. Singleton Darling (Lurgan); *Representatives of Ulster and Connaught Branches combined on Central Council*, Drs. H. L. McKisack and Cecil Shaw; *Country Representative on Irish Committee*, Dr. J. G. Cooke (Derry).

WEST SOMERSET BRANCH.

THE sixty-fifth annual meeting of this Branch was held at the Royal Clarence Hotel, Bridgwater, on Friday, June 28th. The chair was taken by the in-coming President, Dr. G. W. HARVEY BIRD.

Confirmation of Minutes.—The minutes of the spring meeting were read and signed.

Annual Report and Balance-Sheet.—These were submitted to the meeting and approved, the balance in hand being £39 16s. 2d.

Election of Officers.—The following officers were elected: Mr. H. T. S. Aveling, Superintendent of the Cotford Asylum, President-elect; Mr. J. A. Macdonald was re-elected Representative; Mr. W. B. Winckworth was re-elected Honorary Secretary and Treasurer; Mr. N. O'D. Burns and Mr. C. Farrant to vacancies on the Council of the Branch; Mr. C. H. Watts Parkinson, Representative of the Branch (with the Dorset and West Hants Branch) on the Council of the Association, was elected an honorary member of the Branch.

Reports of Subcommittees.—(1) The report of the Subcommittee on fees from coroners was submitted to the meeting and approved; (2) the report of the Subcommittee on medical certificates was read, and the Subcommittee was reappointed with a view to the still further elaboration of their report, which it was decided to print and circulate among the members.

President's Address.—The PRESIDENT read a very thoughtful and instructive address on notes on influenza, dealing particularly with the so-called influenza epidemic, characterized by gastro-enteritis, which occurred last winter in Bridgwater. Many present expressed a hope that an opportunity might be found for a discussion of the subject at a future meeting. On the motion of Dr. MACDONALD and Mr. SINCLAIR, Dr. Bird was cordially thanked for his address.

Cricket Match.—After lunching together, an adjournment was made to the Bridgwater cricket ground, where a cricket match was played between elevens representing the Bridgwater and Taunton districts, which ended in a narrow victory for the latter. There were large numbers of visitors present, who, with the cricketers, were hospitably entertained during the afternoon by Dr. and Mrs. Bird.

WORCESTERSHIRE & HEREFORDSHIRE BRANCH.

THE annual general meeting was held at the Imperial Hotel, Malvern, on June 27th, at 5.30 p.m., Mr. MILES A. WOOD, President, in the chair.

Confirmation of Minutes.—The minutes of the last meeting were read, confirmed, and signed.

Election of Officers.—Mr. Edgar Morris, of Hereford, was elected President for the year 1908-9. Mr. C. S. Morrison, of Hereford, was elected Secretary and Treasurer of the Branch.

Dinner.—The members subsequently dined together, and the occasion was made memorable by a presentation of plate to Dr. G. W. Crowe, of Worcester, who had been the Secretary and Treasurer of the Branch from its formation in May, 1880, until his resignation in June, 1906. Mr. T. BATES made the presentation in a speech which ably expressed the feelings of esteem and regard which the members of the Branch have towards Dr. Crowe. His valuable services through these twenty-six years had been of the greatest benefit to the Branch, and his unfailing courtesy had won the hearts of all those with whom he had been brought into contact. Mr. MILES A. WOOD and other members expressed their pleasure at being able to show in a small way their appreciation of Dr. Crowe's long and arduous work as secretary, and their sincere thanks for the ability and assiduity which he had shown. Dr. CROWE, in responding, warmly thanked the members for this sign of their esteem, and assured them of the pleasure he had had in carrying out the duties. He gave an interesting account of the work of the Branch in its early days, and regretted that, in recent years, so much time had been taken up in the discussion of medico-political matters. He forcibly pointed out what a power for good the Association is, and how this might be increased if more efforts were made to recruit its ranks and bring about united action among members of the medical profession.

New Members.—At a meeting of the Council of this Branch, held at Malvern on June 27th, the following gentlemen were elected members: H. Westley Burnam, The Willows, Upper Colwall, Malvern; Arthur Augustus Fletcher, M.D., The Garth, Kington, Herefordshire; Charles F. Hadfield, M.D., Mornington, Malvern Link; Clifford Taylor, General Hospital, Hereford.

HAMPSTEAD GENERAL HOSPITAL.

A WELL-ATTENDED meeting of the medical profession in Hampstead and its neighbourhood was held under the auspices of the Hampstead Division, Metropolitan Counties Branch, British Medical Association, on July 3rd, at the Hampstead Conservatoire, Swiss Cottage, Dr. PIDCOCK, Chairman of the Division, in the chair.

The HONORARY SECRETARY (Dr. Yeld) read letters of regret for non-attendance from Drs. Ford Anderson, Rayner, Wilson, and Van Praagh, expressing sympathy with the object of the meeting.

The CHAIRMAN, in opening the proceedings, said they had met to consider a very important subject. If there were any member of the Hampstead Hospital staff present who desired to make a statement, he would ask him to do so.

Dr. COLLINGWOOD ANDREWS, Chairman of the Medical Committee of the hospital, said it was common knowledge that negotiations had been proceeding for some time with reference to the proposed amalgamation of the Hampstead General Hospital with the North-West London Hospital.

He was able to state that the decision of the Council of the Hampstead Hospital to amalgamate had been come to without any reference to their subscribers, who were not to be asked their opinion on the matter at all. The terms arranged between the Council of the hospital and the King Edward's Hospital Fund were that the King's Fund would contribute £1,500 a year to the hospital funds. They would also benefit to the extent of about £200 a year by subscribers to the North-West London Hospital. The out-patient department was to be taken over with an indefinite expense attached. With regard to the hospital staffs, three members of the North-West London Hospital were to receive appointments; two senior medical officers of the Hampstead Hospital would be continued in office for five years; two others for seven years. The two assistant medical officers would receive no promotion, and would never have charge of any beds in the hospital. A definite stipulation was made that in future no general practitioners were to be appointed on the staff of the Hampstead Hospital. Should these decisions of the Council be carried out, the present staff felt that they must sever their connexion with the hospital. But the majorities by which these resolutions had been carried were very narrow, and the staff had determined to appeal against them to the subscribers, for which purpose a requisition for a meeting had been obtained and influentially signed, a copy of which was circulated at the present meeting. The question was, Was the Hampstead Hospital to remain as it had been, or to degenerate into a third-rate consulting hospital?

Dr. WALTER SMITH asked Dr. Andrews if any arrangement had been come to as to the lines on which the out-patient department was to be run, but was told that nothing had yet been settled.

Mr. ARMIT, in moving the first resolution,

> That this meeting considers that the Hampstead Hospital should always have a visiting staff of local practitioners, and in consideration of this opinion calls upon the members of the medical profession to refuse to accept any office on the staff on terms which are not considered satisfactory by the local profession,

said that hitherto the profession in Hampstead had been trying to fight the battle without the help of the staff, but now that they had the staff with them he thought their prospects of success were much better. They wanted, if possible, to get a unanimous vote which would enable them to treat those who took office at the hospital against the wishes of the local profession as blacklegs. Some of his friends were greatly against the use of trades-union methods, but if they wanted to use the great power the British Medical Association possessed as a great trades-union, they must make use of trades-union methods. They could make it too hot for any one who accepted office at the hospital against the wish of the profession. On the other hand, the subscribers might disagree with the Hospital Council's resolutions, and so make it unnecessary for them to go to these lengths.

Dr. OPPENHEIMER, in seconding the resolution, wished to dissociate himself from Mr. Armit's profession of trades-unionism. He thought the great thing was that the hospital should remain a local institution staffed by local men. The action of the Hospital Council had united the staff with the local profession in joint action, and the cordial co-operation of the profession should be given to them.

Dr. CLAUDE TAYLOR asked whether, if the Hospital Council agreed to the promotion of the junior staff, a compromise would be possible.

Dr. ANDREWS thought no compromise was possible.

Dr. SHARMAN said he was going to vote for the resolution because he thought there should always be a staff of local practitioners, but he was of opinion that there should be consultants as well. He did not think the resolution meant that the hospital was to continue to be carried on as at present.

Dr. PARSONS objected to the introduction of trades-unionism. He thought it would be better if they could act by common consent.

Dr. STRANGE suggested that the resolution should be divided into two parts which should be voted on separately, but, Mr. ARMIT objecting, the suggestion was not pressed.

Dr. JESSOP asked whether the staff was prepared to support the principles already agreed to as to the out-patient department by the local profession?

Dr. ANDREWS replied that he fully agreed that the hospital should be carried on in accordance with the local opinion of the profession.

Dr. GLOVER said he had so recently discussed the whole matter from his personal point of view in the BRITISH MEDICAL JOURNAL that he had not intended to speak. He thought they were dealing with a much larger question than that of the Hampstead Hospital, and that they would set an example for suburban hospitals about London for the next twenty or thirty years. He gave the resolution his hearty support, and if the Hospital Council should act differently from what they desired his connexion with the hospital would cease.

The resolution was then carried *nem. con.*

Dr. OPPENHEIMER moved, Dr. CLAUDE TAYLOR seconded, and it was resolved, that a short report of the meeting be sent by the Honorary Secretary to the local papers and also to the hospital subscribers.

The following is the requisition referred to in the report:

SPECIAL MEETING OF GOVERNORS AND SUBSCRIBERS OF THE HAMPSTEAD GENERAL HOSPITAL.

In consequence of the decision of the Council—that in future local practitioners shall not be appointed on the medical staff—a special meeting of governors and subscribers has been requisitioned to consider and, if deemed desirable, to adopt, the following resolutions:

1. That the practice, hitherto followed, of appointing acting medical officers from among the members of the medical profession practising in Hampstead, be continued
2. That the number of physicians and surgeons on the consulting staff be augmented.

This requisition is signed by, among others:

The MAYOR OF HAMPSTEAD,
Sir GEORGE BARHAM,
Colonel C. GRANT GORDON, C.B.,
Mr. J. S. FLETCHER, M.P.,
} Vice-Presidents of the Hospital.

Sir SAMUEL WILKS, Bart., M.D., Consulting Physician to the Hospital.
Mr. JAMES GOUGH, Chairman of House Committee.
Dr. COLLINGWOOD ANDREWS, Chairman Medical Committee.

Mrs. KING,
Mrs. SWINBURNE HANHAM,
} Representatives on Council of Ladies' Association.

Mr. H. W. BIRKS,
Dr. F. P. WEAVER, J.P.,
} Members of Council.

Mr. W. R. REA, M.P.
Mr. J. T. TAYLOR, J.S.O., L.C.C.
Mr. A. J. SHEPHEARD, L.C.C.
Mr. Alderman BOUSFIELD.
Mr. Alderman MCMILLAN.
Etc., etc.

AN EXAMINATION OF CERTAIN FRIENDLY SOCIETY STATISTICS IN THEIR BEARING UPON CONTRACT PRACTICE.

By JAMES PEARSE, M.D.,
Trowbridge.

THE question of the rates of remuneration for contract practice has been so often raised in the BRITISH MEDICAL JOURNAL that it might be well to endeavour to ascertain some accurate basis which would be of service in any readjustment of the scale. Hitherto rules covering the amount of fee have been purely arbitrary: there has been no attempted ratio to the quantity of work required. Any readjustment can only be satisfactory if this principle is recognized either on the lines of *pro rata* payment, as in the National Deposit Friendly Society, or by a capitation fee which has been accurately estimated to cover the probable amount of work.

In the present article it is proposed to indicate statistically reasons for a revision of the present system and to give some figures on which such revision might be based. For these purposes examination is made of an elaborate report, entitled, "An Account of an Investigation of the Sickness and Mortality Experience of I.O.O.F. Manchester Unity during the Five Years 1893-7," prepared by Mr. Alfred W. Watson, one of the actuaries to the Society. Note may be made, in the first instance, of this sentence from the introduction:

> Out of the funds which naturally accumulated from the small weekly contributions called for in those early days our benevolent predecessors in the largeness of their hearts promised benefits in sickness and at death out of all proportion to the sums demanded as subscriptions.

This fact was recognized by the officials of the Society earlier than it has been by medical men, and as long ago

as 1845 a commencement was made of the substitution of a scientific for a haphazard system. Further actuarial investigations have been made from time to time, and the present report on the altered conditions of sickness and mortality is elaborate in its completeness.

The total number of members of the Unity is over 600,000, its lodges exist throughout the whole country, and its members are engaged in all varieties of occupation, so that the analysis of sickness incidence, etc., may be considered as fairly typical of friendly societies as a whole.

SICKNESS INCIDENCE.

The figures relating to this are somewhat startling, being considerably higher than might have been anticipated (p. 11):

The annual average proportion of members sick was 27.59 per cent.

The annual average period of sickness per member exposed to risk was 2 344 weeks.

The annual average period of sickness to each member sick was 8.497 weeks.

Further, there has been in the years under review a marked increase in the sickness experience compared with former periods:

Nor is this excess a comparatively small quantity. Up to 45 years of age the average sickness has exceeded that of the period 1866-70 by 21 per cent., between the ages 45 to 65 the excess is equal to 26 per cent., and at the ages 65 and over it is no less than 42 per cent. (p. 17).

Table III gives the figures for each age period.

This increase is largely due to the increase of permanent sickness, and this not only at the older ages but at every period of life. This increase is so marked that, classing all occupations together, the sick-pay claims in the "after two years" period "are almost invariably between 200 and 300 per cent. of the expectation" (p. 38). The following table (p. 38) may be quoted in this connexion:

Sickness in the Period "after Two Years" (all Occupations); Percentage of Actual Sickness to Expectation Based on 1866-70 Experience.

Ages.	Whole Society.
16 to 44	264
45 to 65	243
65 and upwards ...	238

A further highly instructive table is No. XVIII.

Sum of the Sickness-Rates Experienced in passing through the Years of Life Comprised within the Ages named.

Ages.	Whole Society. 1893–7.	1866–70.
16 to 24	8.4 weeks ...	6.4 weeks.
25 to 34	10.1 ,, ...	8.7 ,,
35 to 44	14.3 ,, ...	11.8 ,,
45 to 54	23.8 ,, ...	19.6 ,,
55 to 64	52.5 ,, ...	40.2 ,,
65 to 74	142.6 ,, ...	98.6 ,,
	251.7	185.3

MORTALITY EXPERIENCE.

The investigation of the mortality returns shows:

A remarkable decline in the death-rates at all the earlier periods of life, the average up to 45 years of age being but 66 per cent. of the death-rates of 1866–70: in the middle period, say, ages 45 to 65, the average is 90 per cent. of the corresponding rates of 1866-70, and from 65 years of age the average is 105 per cent. of that standard (p. 20).

The conclusion drawn from these figures of sickness and mortality is stated thus:

It may be pointed out that this experience is unfavourable financially in two directions. Not only is the sickness per member at each period of life heavier than was formerly the case, but a greater proportion of members than formerly now survive to old age, the period of life at which sickness is at its maximum intensity (p. 20).

FINANCIAL ASPECTS.

The important bearing of this increased sickness incidence on the financial position of the Society is shown by the following abstract from Table XXIII:

Annual Premiums Payable throughout Life to Provide a Sickness Benefit of £1 per Week. Estimated on a 3 per Cent. Basis, and an Age of Entry of 18 Years (whole Society Experience):

	1866-70. £	1893-7. £
£1 a week during first six months of sickness	1.061 ...	1.111
,, second ,, ,,	0.175 ...	0.198
,, second twelve months ,,	0 204 ...	0.214
,, "after two years" period ,,	0.329 ...	0.780

It will thus be seen that the increase in the sickness claims is leading this Society to the necessity of revising its scale of contributions. An alternative method of relieving the Society's funds is suggested, which is well worthy of quotation:

The Legislature has deliberately cast upon the employer in many industries the duty of providing in part for the injured workman, and as an alternative to an increase of contributions . . . the Society may justifiably consider the propriety of withdrawing the sickness benefit where the statutory disablement allowance is being received (p. 44).

To summarize the above conclusions. The report shows that this Society early recognized the necessity of substituting a scientific for a haphazard basis of contributions, that it has revised such basis from time to time, that alterations in sickness and mortality-rate have necessitated a further revision, and that drastic amendments have been contemplated to safeguard the interests of the Society. All these considerations apply with equal force to the question of medical attendance. When such at contract rates was first established the capitation fee was fixed in a purely arbitrary manner, and unfortunately no attempt has ever been made to adapt it scientifically. Further, it is evident that members of Friendly Societies are more often on the sick list than formerly, that they are ill for longer periods, and that there is a larger number of aged beneficiaries who will require attendance.

The amount of remuneration given to medical men is variable. The recent report of the Association on Contract Practice states that out of 1,641 clubs, 76.5 per cent. paid less than 5s., 23.5 per cent. 5s. or more. If a club of a hundred members be considered on the basis of the above figures, it will be seen that such members represent during the year 234 weeks of sick pay. If the higher rate of 5s. a year be taken, the medical man will receive for such attendance £25, or approximately 2s. per week's attendance. It is difficult to strike a balance between acute and chronic cases, but two visits a week may be considered a low average; that is to say, the amount received is 1s. a visit.

But it must further be considered that this calculation takes into account only work done while a patient is in receipt of sick pay. But in estimating the payment consideration must also be given to the numerous minor ailments for which the medical man is consulted; in contract practice the surgery work is probably more burdensome than the home visitation; at a low estimate surgery consultations equal the home visits; thus, 1s. is reduced to 6d. per visit or consultation.

Further, the figures given refer only to adult males. The practice of including women and children in contract work is one which is unfortunately spreading. The rates for women may be the same as for men, those for children are almost invariably less, and may not exceed 2s. per annum. Women and children constitute probably 80 per cent. of patients in general practice. If the payments made are the same as for adult males, the above-mentioned 6d. is reduced to 1½d., while if the reduced rates of payment be considered, a fraction of a penny is reached! To state such an absurdity is to condemn the present system root and branch.

The fundamental principle of Friendly Societies is that contributions in early life should be framed to meet the demands of later periods. In contract practice not only is this principle not recognized, but the usual payment is inadequate to cover even the minimum risk. This stands at 0.9 week at the ages 20 to 24, while the figure at the ages 65 to 69 stands at 10.59 weeks (Table II.) If contract practice is to be retained, it can only be by the recognition of this principle and by the reorganization of its terms on some such basis as the present figures afford. The recently issued report of the Association indicates how grave is the need of reform, but its conclusions are inadequate for dealing with the question. The evil will be little ameliorated if for the present system there are instituted public medical services on the same haphazard basis of a contribution of 4s. or 5s. per member.

It is worthy of serious consideration that the Association should arrange for the preparation of a careful actuarial report on the incidence of sickness in various Friendly Societies, and among women and children, and should draw up a scale of fees proportionate thereto.

THE WORKMEN'S COMPENSATION RULES, 1907.

SPEAKING generally, the coming into force of a new Act of Parliament is not of immediate interest to any one but a lawyer. Many statutes affect small classes of persons. Others are remote and obscure in their application to the ordinary citizen. It is seldom, indeed, that we have to chronicle the advent of a measure like the Workmen's Compensation Act, 1906, which, together with certain statutory rules, came into force on Monday last.

In two articles which appeared in the SUPPLEMENT in January last[1] and in several articles published in the JOURNAL subsequently it has been shown how nearly the medical profession is affected by the Act of 1906. Prior to July 1st, 1907, a limited number of medical men were interested in the payment of compensation to workmen by reason of the fact that under the older measure, they had certain duties to perform as medical referees. The position is very different at the present time. The functions of the medical referee have been considerable extended, but there has been a change of far greater moment. Nearly every practitioner in the United Kingdom is affected by the Act either as an employer or as an employed person. In these circumstances it is right that the duties and liabilities of members of the profession should be made as widely known as possible.

As already stated, the provisions of the Act have been dealt with in these columns; but he who has merely read and who understands the Act cannot boast a complete knowledge of workmen's compensation. He must also consult the Statutory Rules. These have only just been published. They serve to explain many a point which the mere perusal of the Act itself wholly fails to elucidate. In particular they give persons who are affected by the Act some idea as to how to proceed if a claim is made against them, or if they desire to make a claim. Many of the rules relate to legal procedure, and we do not propose to deal with them. There are some, however, of more general application to which we think it right to refer.

It is proposed to deal in the first place with some of those which affect a medical man who desires to make a claim or who may have a claim made against him, and in the second place those which affect a medical man as medical referee, etc.

I. RULES OF GENERAL APPLICATION.

It is made clear by R. 8 (1) that there need be no litigation of any kind if the employer and employed come to an amicable arrangement for compensation. If the parties fail to come to an arrangement, the applicant must file with the registrar of the county court what is termed a "request for arbitration." This request must give all the necessary particulars relating to the case. An employer who desires that there shall be an arbitration must state whether he admits his liability wholly or partially. Although the rules mention arbitration, it should be mentioned that in practice cases are usually heard by the county court judge or a barrister sitting as his deputy. Where a claim is preferred, the employer may relieve himself of much trouble by giving notice to the registrar of the county court that he consents to pay so much per week, or, if the application is for a lump sum, he may pay into court the amount which he considers sufficient to cover his liability. If his offer is accepted, he will then have merely to pay such costs as the applicant may have incurred up to date. If, however, the applicant refuses to accept it and the case goes to trial, one of two things may happen: If the court awards more than the employer has been willing to pay, he may have to pay the costs of the inquiry; but if the applicant only recovers the amount offered, or less, he must bear the cost of the proceedings after the date of payment in.

Court in which a Dispute is to be Settled.

The question, What county court is a disputed claim to be settled in? is answered by R. 73. That rule provides, in effect, that a claim is to be heard either (i) in the district in which all the parties concerned reside, or (ii) if the parties concerned reside in different districts, in the court of the district in which the accident out of which the matter arose occurred. Special provision is made for a case in which the accident occurs on a ship at sea. Careful consideration of the rule brings to light an extraordinary anomaly. It seems that if the accident happens abroad (elsewhere than on a British ship), and the parties do not reside in the same district, there is no court in which a claim can be adjudicated upon. So if a medical practitioner who lives in London were employed to take a patient who resides in Birmingham abroad, and he were to meet with an accident, it is difficult to see how he could prefer a claim. Where, however, both patient and doctor lived in Westminster, a claim could apparently be enforced in the Westminster County Court, wherever the accident occurred. At the same time we have it on good authority, that there is considerable doubt in the minds of many lawyers as to whether the Act will apply to an accident which occurs abroad.

Appearance of Parties.

R. 33 provides that any party to an arbitration under the Act may appear in person, by solicitor, or by counsel. By leave of the judge or arbitrator he may appear by a member of his family, or by a person in his permanent or exclusive employment; or, in the case of a limited company, by any director, secretary, or other person in the permanent employment of the company. It is provided, however, that no person other than a solicitor, or a solicitor employing counsel, may recover any fee or reward for so appearing other than such travelling expenses as may be allowed. Other rules provide for the submission of questions of law to the county-court judge; the application of the Act to masters, seamen, apprentices, and pilots; the registration of a memorandum of agreement as to compensation made between employer and employed; the payment into court, investment, and application of money payable in case of death; costs; and the setting aside of any awards improperly obtained.

II. POWERS AND DUTIES OF MEDICAL REFEREES.

The Act of 1906 made a very important alteration of the law with regard to the duties of medical referees. Broadly speaking, a referee may be employed (*a*) as an assessor to assist the judge; (*b*) as referee to consider and report upon any matter referred to him; (*c*) to examine an applicant at the request of the applicant and the employer; (*d*) to exercise an appellate jurisdiction with regard to persons suffering from certain industrial diseases; (*e*) to examine workmen who are about to reside abroad.

It is proposed to consider the rules applicable in each case.

(a) The Referee as Assessor.

The Act provides (by Sched. II (5)) that a judge of county courts may, if he thinks fit, summon a medical referee to sit with him as an assessor. Effect is given to this in R. 52, which provides as follows:

(1) Any party to an arbitration may eight clear days at least before the day fixed for proceeding with the arbitration file with the registrar an application requesting the judge to summon a medical referee to sit with him as an assessor under paragraph 5 of the second schedule to the Act.

(2) On the receipt of an application for an assessor, the registrar shall forward a copy of the same to the judge, who, if he thinks fit, shall return the same with his approval, and thereupon the registrar shall forthwith summon an assessor.

(3) If the judge does not think fit that an assessor shall be summoned, notice thereof shall be given by the registrar to the applicant, according to the form in the appendix.

(4) If the judge thinks fit, either on the application of any party to an arbitration or on his own motion, to summon a medical referee to sit with him as an assessor, the registrar shall forthwith summon one of the medical referees appointed by the Secretary of State for the area comprising the district of the court in which the arbitration is pending, by sending to such medical referee by post a summons according to the form in the Appendix.

(5) If at the time and place appointed for the arbitration the medical referee summened does not attend, the judge may either proceed with the arbitration without the assistance of an assessor, or he may adjourn the hearing.

R. 82 (1) provides that:

(1) Where a medical referee is summoned as an assessor, or any matter is referred to a medical referee, such referee shall be summoned or the matter shall be referred subject to and in accordance with any regulations made by the Secretary of State and the Treasury; and any such regulations shall, so far as they affect the county court or an arbitrator appointed by the judge of the county court, and proceedings in the county court or before any such arbitrator, be deemed to be Rules of Court, and shall have effect accordingly. [For paragraph 2 of this rule see *infra* sub. tit. "Duty of medical referee as to industrial diseases."]

[1] SUPPLEMENT to the BRITISH MEDICAL JOURNAL, Jan. 12th and 19th.

(b) The Consultative Duty of a Referee.

Sched. II (15), which replaces paragraph 13 of the corresponding schedule of the Act of 1897, provides that any committee, arbitrator, etc., may submit to a medical referee for report any matter which seems material to any question arising in any arbitration.

R. 53 provides that:

(1) Subject to and in accordance with regulations made by the Secretary of State and the Treasury under paragraph 15 of the second schedule to the Act, the judge may submit to a medical referee for report any matter which seems material to any question arising in an arbitration.

(2) When any matter is submitted as aforesaid, the judge may, subject to and in accordance with such regulations, order the injured workman to submit himself for examination by the medical referee; and it shall be the duty of the workman, on being served with such order, to submit himself for examination accordingly.

(c) Duty of Referee as to Examining Workmen.

The Act of 1897 imposed no obligation on a workman to submit himself to a medical referee after going to the employer's medical practitioner. Under the new Act the registrar may, on the application of *both* parties, refer the matter to a medical referee.

It should be mentioned, however, that even under the new provisions there is no obligation on the workman to submit himself for examination, but their utility lies in the fact that the medical referee's decision can be obtained under them in a summary way which was not previously available. On the other hand, if either party refuses to allow the case to be sent to such a referee as provided, it will be disposed of by the arbitrator, who will use his discretion in the matter by either deciding it himself on evidence taken, or by sending it to the medical referee. The referee's report will be conclusive as to whether the alleged incapacity is due to the accident. The changes necessary to carry out these modifications in practice are carried out in R. 54, which provides (in effect) as follows:

(1) With respect of applications to the registrar pursuant to Sched. I (15) to refer any matter to a medical referee the following provisions shall have effect.

(2) The application is to be made in writing with a statement of the facts which render it necessary. It is to be accompanied by a copy of the report of every medical practitioner who has examined the workman either on behalf of the employer or on the selection of the workman. The application is to be signed by or on behalf of both parties; and the applicant must file copies of the application and reports for the use of the referee.

(3) On the hearing of the application the registrar shall refer the matter to one of the medical referees appointed for the area comprising the district of the court, and shall forward to such medical referee by registered post one of the filed copies of the application and reports, with an order of reference.

(4) The registrar shall also make an order directing the workman to submit himself for examination by the medical referee, subject to and in accordance with any regulations made by the Secretary of State.

(5) Before making such order the registrar shall inquire whether the workman is in a fit condition to travel for the purpose of examination, and if satisfied that he is in a fit condition shall by the order direct him to attend at such time and place as the referee may fix, and if satisfied that he is not in a fit condition to travel shall so state in the order of reference; and it shall be the duty of the workman on being served with the order to submit himself for examination accordingly.

(6) The registrar shall deliver or send by registered post to each party a copy of the order of reference, and shall send to the workman a copy of the order directing him to submit himself for examination.

(7) The medical referee shall forward his certificate in the matter to the registrar by registered post.

(8) On the receipt of the certificate of the medical referee the registrar shall inform the parties by post that it has been received, and shall permit any party to inspect the same during office hours, and shall, on the application and at the the cost of either party, furnish him with a copy of the certificate, or allow him to take a copy thereof.

(9) The fee payable by the applicant shall be calculated at the rate of one shilling in the pound on twenty-six times the amount of the weekly payments claimed by or payable to the workman, so that the total fee shall not exceed one pound.

(10) The costs of any application to the registrar, including the fee paid under the last preceding paragraph, may be allowed as costs in any subsequent arbitration for the settlement of the weekly payment to be made to the workman; or, where the application is made after the weekly payment has been settled, as costs in any subsequent arbitration as to the review of such weekly payment.

It is also made clear (by R. 55) that where a workman refuses to submit himself to medical examination the employer may make an application for a suspension of the right to compensation until such examination has taken place. Suspension of the right to compensation means actual forfeiture of the amount accruing for the time during which the workman persists in his refusal. With regard to the incidence of costs, if the certificate of a referee is used in any subsequent arbitration any reasonable travelling and other expenses incurred by the workman in obtaining the certificate may be allowed as costs in the arbitration (R. 61 (4)). Further, where a workman is ordered to submit himself for examination by a medical referee any reasonable expenses incurred by such workman in travelling to attend on such referee may be allowed as costs in the arbitration (R. 61 (5)).

(c) Duty of Medical Referee as to Industrial Diseases.

A medical referee may also have a certain appellate duty to perform with reference to industrial disease. Stated quite shortly, S. 8 of the Act provides that if a certifying surgeon under the Factory Acts grants a certificate to the effect that a workman is suffering from one of the industrial diseases which are included in the schedule to the Act, that workman may be entitled to compensation. Subsection (1) *(f)* of that section provides that if an employer or a workman is aggrieved by the action of a certifying or other surgeon in giving or refusing to give a certificate of disablement, or in suspending or refusing to suspend a workman from employment on account of such disease, the matter shall in accordance with regulations made by the Secretary of State be referred to a medical referee whose decision shall be final.

R. 82 (2) provides that:

In particular, if such regulations as in the preceding paragraph mentioned (that is, paragraph (1) of this rule, set out, *supra*, sub. tit. "The Referee as Assessor"), provide that an employer or a workman who desires any matter to be referred to a medical referee under Sec. 8 (1) *(f)* of the Act shall apply to the registrar of a county court for the matter to be so referred, it shall be the duty of the registrar to refer the same in accordance with such regulations.

It is important to notice that in the case of an application for the reference of a question relating to industrial disease, the registrar has no option but to make the reference, and that the decision of the referee is final.

(e) Duty of Referee as to Workmen about to Reside Out of the United Kingdom.

The new rules also make provision for the medical examination of workmen residing out of the United Kingdom. It is expressly provided by Schedule I (18) of the new Act that a workman ceases to be entitled to receive weekly payments when he ceases to reside in the United Kingdom, unless a medical referee certifies that the incapacity is likely to be of a permanent nature. Under the old Act, residence out of the United Kingdom was held to amount to obstruction of a medical examination (*Finnie* v. *Duncan*, 1904, 7 F. 254). R. 60 makes provision for the examination of a workman in receipt of weekly payments who intends to cease to reside in the United Kingdom. It may be summarized as follows: Such a workman must apply to the registrar of the county court to refer to a medical referee the question whether the injury is likely to be permanent. The application must be accompanied by a report of the workman's own practitioner. If the workman has also been examined by the employer's medical practitioner, a copy of his report may also be sent to the workman, and another may be filed for the use of the referee. If the registrar makes an order referring the question to the referee, he may also direct the workman to submit himself to examination by the referee. The referee must then send a certificate to the registrar showing whether the incapacity of the workman is total or partial. Paragraph *(a)* of this rule makes provision for the case of a workman actually residing abroad. It provides that:

A workman who desires to have the weekly payments payable to him remitted to him while residing out of the United Kingdom, shall at intervals of three months from the date to which such payments were last made submit himself to examination by a medical practitioner in the place where he is residing, and shall produce to him the copy of the certificate of the medical referee and a certificate of identity, and shall obtain from him a certificate (in a particular form) that the

incapacity resulting from the injury continues; and such certificate shall be verified by declaration by the medical practitioner, in the presence of the workman, before a person having authority to administer an oath.

The rule goes on to provide that the certificate above mentioned shall be forwarded to the registrar, who, if satisfied that it is genuine, must send a notice to the employer requiring him to forward the amount due. This sum having been sent to the registrar, he is bound to send it on to the workman residing abroad.

A large number of forms which are of legal rather than general interest are appended to the rules.

CENTRAL MIDWIVES BOARD.

A MEETING of the Central Midwives Board was held at Caxton House, Westminster, on June 27th, with Dr. F. H. CHAMPNEYS in the chair.

Taking the Pulse and Temperature.

On the motion of Sir WILLIAM SINCLAIR, seconded by Mr. PARKER YOUNG, the following resolution was passed:

That inasmuch as changes in the pulse and temperature are the earliest and surest indication of the onset of puerperal fever when the disease is still amenable to treatment this Board resolves to call the attention of local supervising authorities to the importance of instructing and encouraging midwives practising within their areas in taking and recording the pulse and temperature in every case under their care.

Refusal to Rescind a Censure.

Letters were read from the Town Clerk of Southampton asking the Board to rescind its resolution of censure for having given a false certificate of stillbirth, passed January 31st, 1907, on Adeline Letitia Bellis, on her own admission. The Board declined to reopen a case which had already been considered at the request of the Local Supervising Authority, together with the whole of the facts as presented by it, and as to which no fresh facts had been adduced.

Midwives Censured.

Ellen Greenwood was severely censured on her admission of not having advised that medical assistance be sent for in a case of breech presentation in a primipara.

Mary Lixton was censured on her admission of not having advised that medical assistance be sent for in a case of ophthalmia neonatorum.

Annie Duncalf was censured on her admission of not having advised that medical assistance be sent for in a case of rigor, and of not having taken the temperature of the patient after the occurrence of a second rigor.

Midwives Cautioned.

Jane Jones was cautioned as to the strict observance of the rules of the Board, and in particular as to those requiring midwives to notify the local supervising authority in cases of stillbirth, and when medical assistance has been sent for.

Mary Chalk was cautioned as to the strict observance of the rules of the Board, and in particular as to that requiring her to send for medical assistance in a case of inflammation about the navel of the child.

Naval and Military Appointments

ROYAL NAVY MEDICAL SERVICE.

INSPECTOR-GENERAL JAMES PORTER, C.B., M.D., has been appointed to the Royal Naval Hospital, Haslar, to date July 1st.

The following appointments have been made at the Admiralty: JOHN C. FERGUSON, M.B., Fleet Surgeon, to the *Ariadne*, on recommissioning, and as Acting Interpreter in French, June 20th; ADRIEN A. FORRESTER, M.B., Staff Surgeon, to the *Pyramus*, additional, July 2nd, and on recommissioning, undated; REGINALD WATERFIELD, Staff Surgeon, to the *Psyche*, additional, July 2nd, and on recommissioning, undated; ROBERT HUGHES, Staff Surgeon, to Chatham Hospital, June 20th; SYDNEY CRONEEN, Staff Surgeon, to the *Forward*, July 2nd; JOHN C. G. REED, Staff Surgeon, to the *Charybdis*, July 2nd; EUSTACE ARKWRIGHT, M.B., Staff Surgeon, to the *Vivid*, additional, for Devonport Dockyard, June 21st; WALTER S. H. SEQUEIRA, M.B., Staff Surgeon, and W. F. ARCHIBALD, M.B., Surgeon, to the *Flora*, July 2nd, and on recommissioning, undated; RICHARD W. STANISTREET, Staff Surgeon, to the *Doris*, on recommissioning, July 4th; J. L. BARFORD, Surgeon, to the *King Alfred*, additional, June 18th; ARTHUR S. BRADLEY, M.B., Surgeon, to the *Diadem*, June 18th; JOHN ST. J. MURPHY, to the *Pioneer*, additional, July 2nd, and on recommissioning, undated; LLEWELLYN LINDOP, Surgeon, to the *Excellent*, additional for the *Revenge*, July 8th; WILLIAM K. D. BRETON, Surgeon, to the *Cornwall*, July 14th; ARTHUR R. SCHOFIELD, M.B., to the *Goliath*, undated; JOHN F. HALL, M.B., Fleet Surgeon, to the *President*, additional, temporary, for London recruiting head quarters, July 9th; RICHARD C. MUNDAY, Fleet Surgeon, to the *Formidable*, June 22nd; MORRIS C. LANGFORD, Staff Surgeon, to the *Aboukir*, June 22nd; NORMAN IRELAND-SMITH, Staff Surgeon, to the *Leander*, July 8th; GEORGE R. MACMAHON, M.B., Staff Surgeon, and HENRY HUNT, Surgeon, to the *Blake*, June 25th; EDWIN S. MILLER, M.B., Staff Surgeon, to the *President*, for three months' course at West London Hospital, June 26th; JOHN J. H. ROONEY, Surgeon, to the *Leander*, June 25th; FREDERICK E. ANLEY, Surgeon, to the *Victory*, additional, for Portsmouth Dockyard, June 24th; HENRY W. W. TOWNSEND, Surgeon, to the *President* for three months' course at West London Hospital, July 11th; F. A. BRICE, Fleet Surgeon, and H. C. WOODYATT, Surgeon, to the *Good Hope*, on recommissioning, July 16th; E. A. PENFOLD, M.B., Fleet Surgeon, and G. TAYLOR, M.B., Staff Surgeon, to the *Terrible*, on recommissioning, July 16th; C. E. C. STANFORD, M.B., Surgeon, to the Royal Marine Barrack Dispensary, July 16th; C. J. BOUCHER, M.B., Surgeon, to the *Argonaut*, July 17th.

J. O'DONOGHUE, civil practitioner, has been appointed Surgeon and Agent at Baldoyle and Clontarf, June 17th; and A. G. PRICE, civil practitioner, to be Surgeon and Agent at Greystones, June 17th.

ROYAL ARMY MEDICAL CORPS.

MAJOR A. Y. REILY, M.B., retires on retired pay, June 22nd. He was appointed Surgeon-Captain February 5th, 1887, and Surgeon-Major twelve years thereafter. His war record includes: The Dongola Expedition, 1896 (Khedive's medal); the Soudan campaign in 1898, including the battles of Atbara and Khartoum (mentioned in dispatches, British medal, and two clasps to Khedive's medal); South African war, 1902.

The following tour-expired officers have been detailed to proceed from India to England during the ensuing trooping season: Lieutenant-Colonels N. W. KERIN, H. G. HATHAWAY, J. R. DODD, M.B., W. ROWNEY, M.D., D. F. FRANKLIN, H. J. BARRATT, W. A. MORRIS, A. E. TATE, C. C. REILLY, W. TURNER, S. G. ALLEN, B. L. MILLS, M.D.; Majors B. H. SCOTT, L. MAY, E. W. SLAYTER, M.B., R. C. LEWIS, F. G. FAICHNIE; Captains R. S. H. FUHR, D.S.O., J. E. HODGSON, L. W. HARRISON, M.B., E. B. KNOX, M.D., C. C. CUMMING, M.B., T. BIGGAM, M.B., W. M. H. SPILLER, M.B., L. L. G. THORPE, W. S. CROSTHWAIT, J. F. WHELAN, M.B., W. H. ODLUM, W. M. POWER, W. R. P. GOODWIN, E. S. WORTHINGTON, A. J. W. WELLS, M. W. FALKNER, F. E. ROWAN-ROBINSON, M.B., M. F. FOULDS, A. MCMUNN, T. F. RITCHIE, M.B., A. J. WILLIAMSON, M.B., H. ROGERS, M.B., W. DAVIS, L. COTTERILL, H. W. LONG, M.B.

INDIAN MEDICAL SERVICE.

FRANK P. WERNICKE has been appointed Lieutenant, February 1st, 1906.

The undermentioned promotions, all of which have been already announced in the BRITISH MEDICAL JOURNAL, have received the approval of the King:—To be Surgeon-General: Colonel Henry Hamilton, M.D., C.B., V.H.S. To be Colonel: Lieutenant-Colonel Douglas ffrench-Mullen, M.D. Majors to be Lieutenant-Colonel: Charles H. L. Meyer, M.D., William H. W. Elliot, M.B., D.S.O., Letterstedt F. Childe, M.B., William R. Clark, M.B., George F. W. Braide, Robert J. Marks, Charles E. Sunder, M.B., Malcolm A. Ker, Herbert Herbert, F.R.C.S., Thomas D. C. Barry, Andrew Buchanan, Lewis G. Fischer, William Vost, M.B., John Garvie, M.B., Clarence E. L. Gilbert, Gerard B. Irvine, Frederick J. Crawford, M.D., Robert Robertson, M.B.

The Royal sanction has also been given to the retirement from the service of Major C. L. Williams, M.D., which has been already recorded in the BRITISH MEDICAL JOURNAL.

ROYAL GARRISON ARTILLERY (VOLUNTEERS).

LLOYD T. PRICE, M.B., to be Surgeon-Lieutenant in the 1st Forfarshire. May 22nd.

FRANCIS W. SQUAIR, M.B., to be Surgeon-Lieutenant in the 1st Renfrew and Dumbarton, May 17th.

ROYAL ENGINEERS (VOLUNTEERS).

WILFRED E. ALDERSON, M.D., to be Surgeon-Lieutenant in the 1st Newcastle-on-Tyne Regiment, April 26th.

Surgeon-Lieutenant A. C. TURNER, 1st (Sheffield) Yorkshire (West Riding), to be Surgeon-Captain, May 7th.

VOLUNTEER RIFLES.

F. J. WARWICK, M.B. (formerly Captain Royal Army Medical Corps, Volunteers), to be Surgeon-Captain, 3rd Volunteer Battalion the Essex Regiment, March 20th.

Surgeon-Lieutenant W. S. KERR, M.B., 1st (Hallamshire) Volunteer Battalion the York and Lancaster Regiment, to be Surgeon-Captain, May 7th.

Surgeon-Lieutenant J. C. HERBERTSON, 2nd (Renfrewshire) Volunteer Battalion Princess Louise's (Argyll and Sutherland Highlanders), to be Surgeon-Captain, March 19th.

DAVID M. ALEXANDER to be Surgeon-Lieutenant in the 8th (Scottish) Volunteer Battalion the King's (Liverpool Regiment), February 16th.

WILLIAM R. WILLIAMS to be Surgeon-Lieutenant in the 5th Volunteer Battalion the South Wales Borderers, May 12th.

ROYAL ARMY MEDICAL CORPS (VOLUNTEERS).

LIEUTENANT W. BRYCE, M.D., Glasgow Companies, Scottish Command, to be Captain, June 1st.

Lieutenant G. H. L. HAMMERTON, South Yorkshire Bearer Company, to be Captain, April 10th.

CHANGES OF STATIONS.

THE following changes of stations amongst the officers of the Royal Army Medical Corps have been officially reported to have taken place during May, 1907:

	FROM	TO
Colonel H. J. W. Barrow	Lahore	Dalhousie.
Lieut.-Col. T. P. Woodhouse	,,	Kasauli.
,, B. T. McCreery, M.B.	Bangalore	Shahjehanpore.
,, W. A. Morris	Rawal Pindi	Murree.
,, J. R. Forrest	Meerut	Delhi.
,, W. Turner	Kasauli	Ferozepore.
,, F. W. G. Hall, M.B.	Dinapore	Landour.
,, H. M. Adamson, M.B.	Shahjehanpore	Ranikhet
,, J. Fallon	Dagshai	Multan.
,, R. Holyoake	Lahore	Dagshai.
Major B. H. Scott	Rawal Pindi	Murree.

	FROM.	TO.
Major T. McCulloch, M.B.	London Dist.	Ambala.
,, C. W. Reilly	Dublin	Calcutta.
,, A. P. Blenkinsop	Lucknow	Agra.
,, J. Paterson, M.B	Fort George	Irvine.
,, A. Wright	Devonport	Falmouth.
,, W. T. Mould	Meerut	Sitapur.
,, F. Smith, D.S.O.	Portsmouth	Benares.
,, G. S. McLoughlin, D.S.O., M.B.	Woolwich	Colchester.
,, H. P. Johnson	Taunton	Okehampton.
,, W. G. Beyts	Ambala	Sabathu.
,, E. M. Morphew	Meerut	Kailana.
,, N. Tyacke	Lahore	Dalhousie.
,, C. B. Martin, M.B.	Straits Settlements	Netley.
,, J. G. McNaught	Edinburgh	Wynberg, C.C.
,, E. W. Slayter, M.B.	Naini Tal	Lucknow.
,, L. P. More, M.B.	Sialkot	Murree.
,, R. C. Lewis	Bareilly	Chaubuttia.
,, E. H. Condon, M.B.	Sabathu	Jullundur.
,, K. M. Cameron, M.B.	Ambala	Kasauli.
,, W. Tibbits, M.B.	Delhi	Meerut.
Captain M. Swabey	Chester	Preston.
,, G. E. F. Stammers	Aldershot	Tidworth.
,, T. H. M. Clarke, C.M.G., D.S.O., M.B.	Lucknow	Naini Tal.
,, A. W. N. Bowen	—	Cardiff.
,, E. P. Connolly	Londonderry	Belfast.
,, L. W. Harrison, M.B.	Sialkot	Murree.
,, B. S. Bartlett	Colchester	Norwich.
,, J. M. Cuthbert, M.B.	Glencorse	Edinburgh.
,, J. P. J. Murphy, M.B.	W. Command	Fleetwood.
,, B. B. Burke	E. Command	Woolwich.
,, R. F. Ellery	Devonport	Bodmin.
,, W. R. P. Goodwin	Rawal Pindi	Murree.
,, R. N. Hunt, M.B.	Belturbet	Belfast.
,, J. W. West, M.B.	Ballykinder Camp	,,
,, A. R. C. Parsons	Devizes	Perham Down Camp.
,, J. S. Bostock, M.B.	Portland	Portsmouth.
,, A. H. McN. Mitchell	W. Command	Warrington.
,, J. B. Clarke, M.B.	York	Halifax.
,, R. C. Wilson, M.B.	Belfast	Ballykinder Camp.
,, F. W. W. Dawson, M.B.	Middelb'g, C.C.	Wynberg, C.C.
,, J. E. H. Gatt, M.D.	Bloemfontein	Middelb'g, C.C.
Lieut. K. A. C. Doig	Shahjehanpore	Chaubuttia.
,, G. B. F. Churchill	Cawnpore	Chakrata.
,, W. S. Nealor	Meerut	Lebong.
,, J. A. Anderson, M.B.	Bulford	Bloemfontein.
,, R. P. Lewis	Devonport	,,
,, T. Scatchard	Lucknow	Agra.
,, V. H. Symons	Fort Tregantle	Bloemfontein.
,, R. A. Bryden	Bulford	,,
,, T. B. Moriarty	Lucknow	Agra.
,, F. C. Sampson, M.B.	Belfast	Simonstown.
,, P. J. Marett	Aldershot	Malta.
,, F. A. McCammon, M.B.	Londonderry	Belfast.
,, G. B. Edwards	Gosport	Tavistock C'p.
,, W. C. Smales	Birmingham	Bulford.
,, T. C. C. Leslie	Aldershot	Maritzburg.
,, A. C. Amy, M.B.	Deepcut	Aldershot.
,, E. Gibbon, M.B.	Aldershot	Blackdown.
,, E. B. Lathbury	Colchester	Yarmouth.
,, J. J. O'Keeffe, M.B.	Portsmouth	Hilsea

Major J. D. Moir, M.B., retired pay, has relinquished the medical charge of troops at Great Yarmouth.

Captain J. T. Clapham, retired pay, has been placed in medical charge of troops at Landguard Fort.

Lieutenant W. Ranson, R.A.M.C. (Militia), retired pay, has assumed medical charge of troops at Beverley.

Vital Statistics.

HEALTH OF ENGLISH TOWNS.

IN seventy-six of the largest English towns, including London, 8,063 births and 3,847 deaths were registered during the week ending Saturday last, June 29th. The annual rate of mortality in these towns, which had been 13.7, 13.1, and 12.7 per 1,000 in the three preceding weeks, further declined to 12.5 per 1,000 last week. The rates in the several towns ranged from 3.9 in Burton-on-Trent, 4.1 in Hornsey, 6.0 in Leyton, 6.3 in Willesden, 7.7 in Northampton, 7.8 in Walthamstow and in Devonport, and 7.9 in Norwich to 16.3 in Salford, 16.4 in St. Helens, 16.8 in Bury, 17.4 in Middlesbrough, 17.7 in Sunderland, 19.2 in Huddersfield, and 19.4 in Bolton. In London the rate of mortality was 12.5 per 1,000, while it also averaged 12.5 per 1,000 in the seventy-five other large towns. The death-rate from the principal infectious diseases averaged 1.4 per 1,000 in the seventy-six towns; in London this death-rate was equal to 1.7 per 1,000, while among the other large towns the rates from these diseases ranged upwards to 2.7 in West Ham, 2.8 in Rhondda, 2.9 in Wigan and in Bolton, 3.3 in Walsall, 3.4 in Tottenham, and 4.5 in Warrington. Measles caused a death-rate of 1.1 in Bolton, 1.2 in Blackburn, 1.3 in Tottenham and in Sunderland, 1.7 in Derby, 2.2 in Warrington, 2.7 in Walsall, and 2.9 in Wigan; diphtheria of 1.2 in Rochdale; whooping-cough of 1.1 in East Ham in St. Helens, and in Manchester, 1.4 in West Ham, 1.5 in Stockport, and 2.1 in Ipswich; and diarrhoea of 1.2 in Rhondda. The mortality from scarlet fever and from enteric fever showed no marked excess in any of the large towns, and no fatal case of small-pox was registered during the week. The number of scarlet fever patients under treatment in the Metropolitan Asylums Hospitals and the London Fever Hospital, which had been 2,862, 2,936, and 2,985 at the end of the three preceding weeks, had further risen to 3,022 at the end of last week; 422 new cases were admitted during the week, against 368, 389, and 414 in the three preceding weeks.

HEALTH OF SCOTTISH TOWNS.

DURING the week ending Saturday last, June 29th, 954 births and 522 deaths were registered in eight of the principal Scottish towns. The annual rate of mortality in these towns, which had been 19.0, 17.2, and 17.3 per 1,000 in the three preceding weeks, declined again to 15.0 per 1,000 last week, but was 2.5 per 1,000 above the mean rate during the same period in the seventy-six large English towns. Among these Scottish towns the death-rates ranged from 10.0 in Paisley and 10.6 in Leith to 17.0 in Dundee and 22.0 in Greenock. The death-rate from the principal infectious diseases averaged 2.2 per 1,000 in these towns, the highest rates being recorded in Greenock and Perth. The 259 deaths registered in Glasgow included 2 which were referred to measles, 2 to diphtheria, 20 to whooping cough, 5 to diarrhoea, and 16 to cerebro-spinal meningitis. Two fatal cases of measles, 3 of whooping-cough, 2 of diarrhoea, and 3 of cerebro-spinal meningitis were recorded in Edinburgh; 6 of whooping-cough and 1 of cerebro-spinal meningitis in Dundee; 2 of whooping-cough and 3 of diarrhoea in Aberdeen; and 2 of diarrhoea in Greenock.

HEALTH OF IRISH TOWNS.

DURING the week ending Saturday, June 22nd, 515 births and 330 deaths were registered in six of the principal Irish towns as against 517 births and 379 deaths in the preceding period. The annual death-rate in these towns, which had been 20.3, 23.7, and 18.0 per 1,000 in the three preceding weeks, fell to 14.7 per 1,000 in the week under notice, this figure being 2.0 per 1,000 higher than the mean annual rate for the seventy-six English towns for the corresponding period. The figures ranged from 8.6 in Londonderry and 10.9 in Limerick to 18.5 in Belfast and 20.8 in Dublin. The zymotic death-rate in the same six Irish towns averaged 1.2 per 1,000, or 0.4 per 1,000 higher than during the preceding period, the highest figure—2.5—being recorded in Dublin, while Londonderry and Limerick registered no deaths under this heading at all. In Belfast 17 deaths were returned as due to cerebro-spinal fever and 3 as cerebro-spinal meningitis. In Dublin the deaths from the former disease for the past three weeks have been 3, 0, and 5.

During the week ending Saturday, June 29th, 604 births and 335 deaths were registered in six of the principal Irish towns, as against 515 births and 330 deaths in the preceding period. The annual death-rate in these towns, which had been 23.7, 18.0, and 14.7 per 1,000 in the three preceding weeks, rose to 16.3 per 1,000 in the week under notice, this figure being 3.8 per 1,000 higher than the mean annual rate for the seventy-six English towns for the corresponding period. The figures ranged from 11.0 in Londonderry and 13.6 in Waterford to 19.0 in Belfast and 19.5 in Dublin. The zymotic death-rate in the same six Irish towns averaged 0.6 per 1,000, or 0.6 per 1,000 lower than during the preceding period, the highest figure—1.5—being recorded in Dublin; while Cork, Londonderry, and Waterford registered no deaths under this heading at all. In Belfast only 4 deaths were ascribed to cerebro-spinal fever, and 2 to cerebro-spinal meningitis. In Dublin the figures relating to the former for the three preceding weeks are 0, 5, and 2.

Vacancies and Appointments.

This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column, advertisements must be received not later than the first post on Wednesday morning.

VACANCIES.

ABERGAVENNY: MONMOUTHSHIRE ASYLUM.—Senior Assistant Medical Officer. Salary, £250 per annum.

AYR COUNTY HOSPITAL.—Resident House-Surgeon. Salary, £70 per annum.

BIRMINGHAM WORKHOUSE INFIRMARY.—Assistant Resident Medical Officer. Salary, £104 per annum.

BOLTON INFIRMARY AND DISPENSARY.—Junior House-Surgeon. Salary, £100 per annum.

BURNLEY: VICTORIA HOSPITAL.—Resident Medical Officer. Salary, £100 per annum.

BURY ST. EDMUNDS: WEST SUFFOLK GENERAL HOSPITAL.—House-Surgeon. Salary, £100 per annum.

CAIRO: DEPARTMENT OF PUBLIC HEALTH.—Sub-Inspector of Ophthalmic Hospitals. Salary, £500 per annum.

CALCUTTA: LADY DUFFERIN VICTORIA HOSPITAL.—Lady Doctor. Salary, Rs. 550 per month.

CANCER HOSPITAL, Fulham Road, S.W.—Medical Officer in Charge of Electrical Department. Honorarium, £26 5s.

COLCHESTER: ESSEX AND COLCHESTER GENERAL HOSPITAL.—House-Physician. Salary, £80 per annum.

COVENTRY AND WARWICKSHIRE HOSPITAL.—Junior House-Surgeon. Salary at the rate of £60 per annum.

DERBYSHIRE ROYAL INFIRMARY.—Assistant House-Surgeon. Salary at the rate of £60 per annum.

EDINBURGH HOSPITAL FOR WOMEN AND CHILDREN.—Female Resident Medical Officer.

GLOUCESTER GENERAL INFIRMARY.—Assistant House-Surgeon. Salary at the rate of £30 per annum.

GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.—House-Surgeon. Salary, £100 per annum.

HULL ROYAL INFIRMARY.—Casualty House-Surgeon. Salary, £50 per annum.

LIVERPOOL INFIRMARY FOR CHILDREN.—House-Surgeon. Salary, £100 per annum.

LIVERPOOL STANLEY HOSPITAL.—Assistant Honorary Ophthalmic Surgeon in the Out-patient Department.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.—Assistant House-Surgeon. Honorarium at the rate of £75 per annum.

LOUGHBOROUGH AND DISTRICT GENERAL HOSPITAL AND DISPENSARY.—Resident House-Surgeon. Salary, £100 per annum.

MACCLESFIELD GENERAL INFIRMARY.—Junior House-Surgeon. Salary, £60 per annum.

MAIDSTONE: WEST KENT GENERAL HOSPITAL.—Assistant House-Surgeon. Salary, £60 per annum, and £5 for washing.

MANCHESTER ROYAL INFIRMARY.—Surgical Registrar. Salary, £80 per annum.

MIDDLESEX HOSPITAL, W.—Medical Officer and Registrar to Cancer Department. Salary, £100 per annum.

NEWPORT AND MONMOUTHSHIRE HOSPITAL.—Junior Resident Medical Officer. Salary, £80 per annum.

NORTHAMPTON GENERAL HOSPITAL.—Male House-Surgeon. Salary, £90 per annum, increasing to £100.

NORWICH: NORFOLK AND NORWICH HOSPITAL.—Male Assistant House-Surgeon. Honorarium, £20 for six months.

ROTHERHAM HOSPITAL AND DISPENSARY.—(1) Senior House-Surgeon; (2) Assistant House-Surgeon. Salary, £110 and £80 per annum respectively.

ROYAL WATERLOO HOSPITAL FOR CHILDREN AND WOMEN, S.E.—Junior Resident Medical Officer. Salary at the rate of £40 per annum.

SOUTH SHIELDS: INGHAM INFIRMARY AND SOUTH SHIELDS AND WESTOE DISPENSARY.—Senior House Surgeon (male). Salary, £100 per annum.

STAFFORD: STAFFORDSHIRE COUNTY ASYLUM.—Assistant Medical Officer. Salary. £150 per annum, rising to £200.

STIRLING ROYAL INFIRMARY.—Resident House-Surgeon. Salary, £80 per annum.

STOCKPORT INFIRMARY.—Assistant House and Visiting Surgeon. Salary, £80 per annum.

STOCKTON AND THORNABY HOSPITAL.—House-Surgeon. Salary, £180 per annum.

TAUNTON AND SOMERSET HOSPITAL.—Resident Assistant House-Surgeon. Salary at the rate of £50 per annum.

WEST BROMWICH DISTRICT HOSPITAL.—(1) Senior House-Surgeon; (2) Assistant House-Surgeon. Salary, £110 and £75 per annum respectively.

APPOINTMENTS.

COLYER, Stanley, M.B., B.S Lond., D.P.H., House-Physician to the General Lying-in-Hospital, York Road, Lambeth.

COOKSON, F. N., M.D.Lond., F.R.C.S.Eng., Certifying Factory Surgeon for the Stafford District.

COOMBS, Carey, M.D.Lond., Assistant Physician to the Bristol General Hospital.

COURT, E. P., M.R.C.S., L.R.C.P.Lond., Certifying Factory Surgeon for the Horsmonden District, co. Kent.

DICKINSON, J. J., M.B.Camb., M.R.C.S., Certifying Factory Surgeon for the Tenbury District, co. Worcester.

EWING, J. Millar G., L.R.C.P., L.R.C.S.Edin., House-Surgeon to the Wallasey Dispensary and Victoria Central Hospital, Liscard.

FANNING, J. J., L.R.C.P.and S.Edin., L.F.P.S.Glasg., Certifying Factory Surgeon for the Birr District, King's County.

GOOD, A. S., M.R.C.S., L.R.C.P., District Medical Officer of the Torrington Union.

GOODWYN, H., L.R.C.P. and S. Edin., District Medical Officer of the Newton Abbot Union.

GREGOR, J., M.B., Ch.B.Glas., Certifying Factory Surgeon for the Lochwinnoch District, co. Renfrew.

JOHNS, Frederick A., M.B.Lond., M.R.C.S., L.R.C.P., Honorary Physician to the Royal Bath Hospital, Harrogate.

KELYNACK, T. N., M.D., M.R.C.P., Honorary Physician to the Children's Home and Orphanage (Head Quarters: Bonner Road, N.E., and nine country branches).

LEWIS, Thomas, M.B., B.S.Lond., M.R.C.P.Eng., Physician to the Out-patients, City of London Hospital for Diseases of the Chest, Victoria Park, E.

LYON, T. M. M., M.D Edin., Certifying Factory Surgeon for the Mid Calder District, co. Edinburgh.

MACLEAN, S. W., M.B., Ch.B.Edin., Medical Officer of Health, Withnell Urban District.

MORGAN, J. A., M.R.C.S., L.R.C.P., Medical Officer of Health, Llanwrtyd Urban District.

MURRAY, Donald, M.B., C.M.Glas., Certifying Factory Surgeon for the Stornoway District, co. Ross.

PEDDIE, C., L.R.C.P.and S.Edin., Certifying Factory Surgeon for the Withnell District, co. Lancaster.

RICHARDSON, M. J., M.B., Certifying Factory Surgeon for the Wolston District.

RYGATE, J. R., L.R.C.P., etc., District Medical Officer, Woking (West), Guildford Union.

ST.JOHNSTON, Thomas Reginald, M.R.C.S., L.R.C.P., M.S.A., Government Medical Officer, Fiji.

SAUNDERS, Percy W., B.A., M.B., Resident Medical Officer to the City of London Hospital for Diseases of the Chest, Victoria Park, E.

SYMES, J. Odery, M.D.Lond., Physician to the Bristol General Hospital.

WATSON, J. R., M.D., D.P.H.Camb., Medical Officer of Health for the Burgh of Peebles.

WILLIAMSON, Herbert, M.A., M.B., M.R.C.P., Assistant Physician-Accoucheur to St. Bartholomew's Hospital, E.C.

WILTSHIRE, H. P., B.A.Cantab., M.R.C.S., L.R.C.P., Certifying Factory Surgeon for the Hemsworth District, co. York, and Medical Officer of Health, Hemsworth Rural District.

DIARY FOR THE WEEK.

TUESDAY.

ROYAL SOCIETY OF MEDICINE (Laryngological Section), 20, Hanover Square, 5 p.m.—To elect officers, and consider rules and regulations.

WEDNESDAY.

DERMATOLOGICAL SOCIETY OF LONDON, 11, Chandos Street, 5.15 p.m.—Cases and Specimens.

THURSDAY.

BRITISH GYNAECOLOGICAL SOCIETY, 20, Hanover Square, W., 8 p.m.—Exhibition of Specimens.

POST-GRADUATE COURSES AND LECTURES.

CENTRAL LONDON THROAT AND EAR HOSPITAL, Gray's Inn Road, W.C.—Tuesday and Friday, 3.45 p.m.: Pharynx.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—Thursday, 4 p.m.: The Diagnosis, Prognosis, and Treatment of Pleural Effusions in Children.

LONDON SCHOOL OF CLINICAL MEDICINE.—Clinics: Monday, Medicine, 2.15 p.m.; Surgery, 3.15 p.m.; Ear and Throat, 4 p.m. Tuesday, Medicine, 2.15 p.m.; Surgery, 3.15 p.m. Skin, 4 p.m. Wednesday, Medicine, 2.15 p.m.; Ophthalmology, 3.30 p.m. Thursday, Medicine, 2.30 p.m.; Surgery, 3.15 p.m.; Radiography, 4 p.m. Friday, Medicine, 2.15 p.m.; Surgery, 3.15 p.m. Operations each day at 2.30 p.m. Out-patient Demonstrations: Surgical, daily, 10 a.m.; Medical, daily, 10 a.m. Ear and Throat, Mondays and Thursdays, 12 noon. Eye, Wednesdays and Saturdays, 11 a.m. Skin, Tuesdays and Fridays, 12 noon.

MEDICAL GRADUATES' COLLEGE AND POLYCLINIC, 22, Chenies Street, W.C.—The following clinical demonstrations have been arranged for next week at 4 p.m. each day:—Monday, Skin; Tuesday, Medical; Wednesday, Surgical; Thursday, Surgical; Friday, Eye. Lectures at 5.15 p.m. each day will be given as follows: Monday, Lingering Labour, its Causes and Treatment; Tuesday, Infantile Diarrhoea; Wednesday, Sudden Death.

NATIONAL HOSPITAL FOR THE PARALYSED AND EPILEPTIC, Queen Square, W.C.—Tuesday, 3.30 p.m.: Amyotonia Congenita. Friday, 3.30 p.m.: Surgery of the Nervous System.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.—The following are the clinics and demonstrations for next week: Monday, 10 a.m.: Surgical; 2.30 p.m.: Medical, Throat, Nose, and Ear, X Rays. Tuesday, 10.30 a.m.: Medical; 2.30 p.m.: Operations—Surgical and Gynaecological; Wednesday, 2.30 p.m.: Medical, Skin, Eye. Thursday, 2.30 p.m.: Gynaecological Operations—Medical, Surgical; X Rays; 3 p.m., Medical (In-patient). Friday, 9.30 a.m., Surgical: 2.30 p.m.: Operations—Medical, Eye; 3 p.m., Medical (in-patient).

POST-GRADUATE COLLEGE, West London Hospital, Hammersmith Road, W.—The following arrangements have been made for next week:—Daily, 2 p.m., Medical and Surgical Clinics and X Rays; 2.30 p.m.: Operations. Monday and Thursday, 2 p.m.: Diseases of the Eye. Tuesday and Friday, 10 a.m.: Gynaecological Operations. 2.30 p.m.: Diseases of Throat, Nose, and Ear. also Wednesday and Saturday, 10 a.m. Tuesday and Friday, 2.30 p.m.: Diseases of Skin. Wednesday, 10 a.m.: Diseases of Children. Lectures—Monday, 12 noon: Pathological Demonstration; 5 p.m.: Clinical. Tuesday: Clinical. Wednesday: Practical Medicine. Thursday and Friday: Practical Surgery.

BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting advertisements of Births, Marriages, and Deaths is 3s. 6d., which sum should be forwarded in post-office orders or stamps with the notice not later than Wednesday morning, in order to ensure insertion in the current issue.

BIRTHS.

BUCKLEY.—On June 30th, at 11, Goldsmith Street, Nottingham, the wife of Dr. J. C. Buckley, of a son.

EDGE.—On the 1st inst., at Granville House, Tettenhall Road, Wolverhampton, the wife of Frederick Edge, M.D., F.R.C.S., M.R.C.P., of a son.

REVIE.—At Craigmore, Chikalda, Berars, India, on 7th ult., the wife of the Rev. Dugald Revie, M.B., C.M., Medical Missionary, U.F.C. of Scotland Mission, Wardna, C.P., India, of a son (Malcolm Fairfowl).

MARRIAGES.

MATTHEW—YOUNG.—On June 26th, at Cheadle Hulme, Cheshire, by the father of the bride, assisted by the Rev. W. S. Simpson, M.A., Frederick Crichton Matthew, M.D., F.R.C.S.Edin., of St. Ives, Cornwall, son of the late James Matthew, Corstorphine, N.B., to Janie Marian, elder daughter of the Rev. William Young, B.A., Sedgley Bank, Bramhall.

TRIST—OWEN.—On June 26th, at St. Luke's Parish Church, Chelsea, by the Venerable the Archdeacon of Middlesex, assisted by the Rev. W. B. Trevelyan, Vicar of S. Mathew's, Westminster, and the Rev. Owen Slacke, Curate-in-Charge, Cole's Hill, Bucks (cousin of the bride), John Ronald Rigden Trist, M.R.C.S., L.R.C.P., Crest House, Putney, elder son of Herbert H. Trist, of 22, Vernon Terrace, Brighton, to Louisa Harriet, eldest daughter of E. Annesley Owen, Esq., Barrister-at-Law, of 94, Oakley Street, Chelsea, and of the Inner Temple.

DEATHS.

GAIRDNER.—At Bracondale, Colinton, Midlothian, on Friday, 28th ult., very suddenly, Sir William Tennant Gairdner, K.C.B., LL.D., M.D., aged 82.

JOHNSON.—On the 29th June, at 25, Vernon Gardens, Seven Kings, Ilford, Essex, W. H. Johnson, aged 60 years, late of 725, Commercial Road, E., and previously of Hogsthorpe, Lincs.

REID.—On June 26th, at Harrogate, William Swanstone Spence Reid, M.B., C.M.Edin., of Oakley, Kirkcudbright, aged 50.

BOOKS, ETC., RECEIVED.

Home Gymnastics on Ling's System. By Professor A. Wide, M.D. New York and London: Funk and Wagnalls Company. 1907. 1s.

Jahrbuch für Kinderheilkunde und physische Erziehung. Unter Redaktion von O. Heubner, A. Steffen, Th. Escherich. 65 der dritten Folge, 15 Band, Heft 6. Berlin: S. Karger; London: Williams and Norgate. 1907.

Bibliothek v. Coler-Schjerning. Band XI. Zweite Auflage. Die experimentelle Diagnostik, Serumtherapie und Prophylaxe der Infektionskrankheiten. Von Stabsarzt, Professor Dr. E. Marx. Zweite Auflage. Berlin: A. Hrischwald. 1907. M. 8.

The British Sanatoria Annual. 1907-8. London: J. Bale, Sons, and Danielsson, Limited. 5s.

CALENDAR OF THE ASSOCIATION.

Date.	Meetings to be Held.
JULY.	
7 Sunday ...	
8 MONDAY ...	
9 TUESDAY ...	LONDON: Organization Committee, 11 a.m. LONDON: Special Finance Inquiry Committee, 2.30 p.m. LONDON: Referendum Committee, 4.30 p.m. NORTH NORTHUMBERLAND DIVISION, *North of England Branch*, Annual Meeting, Plough Hotel, Alnwick, 3.30 p.m.
10 WEDNESDAY	
11 THURSDAY...	SOUTH-WESTERN BRANCH, Meeting of Branch Council, Royal Devon and Exeter Hospital, Exeter, 3.15 p.m.
12 FRIDAY ...	LONDON: Central Ethical Committee, 1.45 p.m.
13 SATURDAY...	
14 Sunday ...	
15 MONDAY ...	LONDON: Central Ethical Emergency Subcommittee, 2 p.m.
16 TUESDAY ...	NORTH WALES BRANCH, Annual Meeting, Machynlleth.
17 WEDNESDAY	
18 THURSDAY...	
19 FRIDAY ...	
20 SATURDAY...	
21 Sunday ...	
22 MONDAY ...	
23 TUESDAY ...	LONDON: Metropolitan Counties Branch Council, 3.45 p.m.
24 WEDNESDAY	
25 THURSDAY...	
26 FRIDAY ...	

Date.	Meetings to be Held.
JULY *(Continued).*	
THE ANNUAL MEETING AT EXETER.	
27 SATURDAY...	ANNUAL GENERAL MEETING, Royal Public Rooms, Exeter, 9.30 a.m. ANNUAL REPRESENTATIVE MEETING, immediately after the Annual General Meeting.
28 Sunday ...	
29 MONDAY ...	ANNUAL REPRESENTATIVE MEETING, Royal Public Rooms, Exeter, 9.30 a.m.
30 TUESDAY ...	ANNUAL REPRESENTATIVE MEETING, 9.30 a.m. *(if required)*. Adjourned General and Representative Meetings; induction of President, 2.30 p.m. President's Address, 8.30 p.m. Exhibition of Foods, Drugs, and Instruments, 9 a.m. to 6 p.m.
31 WEDNESDAY	ANNUAL REPRESENTATIVE MEETING, 3.15 p.m. *(if required)*. Sectional Meetings, 10 a.m. to 1 p.m. Address in Medicine, 2.30 p.m. Exhibition of Foods, Drugs, and Instruments, 9 a.m. to 6 p.m.
AUGUST.	
1 THURSDAY...	Sectional Meetings, 10 a.m. to 1 p.m. Address in Surgery, 2.30 p.m. Annual Dinner, 7.30 p.m. Exhibition of Foods, Drugs, and Instruments, 9 a.m. to 6 p.m.
2 FRIDAY ...	Sectional Meetings, 10 a.m. to 1 p.m. Exhibition of Foods, Drugs, and Instruments, 9 a.m. to 6 p.m.
3 SATURDAY...	Excursions.
4 Sunday ...	
5 MONDAY ...	
6 TUESDAY ...	
7 WEDNESDAY	
8 THURSDAY...	

MEMBERSHIP OF THE BRITISH MEDICAL ASSOCIATION.

THE British Medical Association exists for the promotion of medical and the allied sciences, and the maintenance of the honour and the interests of the medical profession.

The Annual Subscription to the British Medical Association is £1 5s. 0d., and the BRITISH MEDICAL JOURNAL is supplied weekly, post free, to every member of the British Medical Association wherever he may reside.

Forms of application for membership can be obtained from the General Secretary, 6, Catherine Street, Strand W.C.

The principal rules governing the election of a medical practitioner to be a member of the British Medical Association are as follow:

Article III.—Any Medical Practitioner registered in the United Kingdom under the Medical Acts and any Medical Practitioner residing within the area of any Branch of the Association situate in any part of the British Empire other than the United Kingdom, who is so registered or possesses such medical qualifications as shall, subject to the regulations, be prescribed by the Rules of the said Branch, shall be eligible as a Member of the Association. The mode and conditions of election to Membership shall from time to time be determined by or in accordance with the By-laws. Every Member, whether one of the existing Members or a subsequently-elected Member, shall remain a Member until he ceases to be a Member in accordance with the provisions hereof.

By-law 1.—Every candidate for Membership of the Association shall apply for election in writing, addressed to the Association, and stating his agreement, if elected, to abide by the Regulations and By-laws of the Association, and the Rules of such Division and Branch to which he may at any time belong, and to pay his subscription for the current year.

By-law 2.—Every candidate who resides within the area of a Branch shall forward his application to the Secretary of such Branch. Notice of the proposed election shall be sent by the Branch Secretary to the General Secretary of the Association, and to every Member of the Branch Council, and the candidate, if not disqualified by any Regulation of the Association, may be elected a Member of the Association by the Branch Council at any meeting thereof held not less than seven days (or such longer period as the Branch may by its Rules prescribe) after the date of the said Notice. A Branch may by special Resolution require that each candidate for election to the Association shall furnish a certificate from two Members of the Association to whom he is personally known. Officers of the Navy, Army, and Indian Medical Services on the Active List are eligible for election through the Council or a Branch without approving signatures as laid down in By-law 3.

By-law 3.—Every candidate whose place of residence is not included in the area of any Branch shall forward his Application to the General Secretary of the Association, together with a statement, signed by three Members of the Association, that from personal knowledge they consider him a suitable person for election. Notice of the proposed election shall be sent by the General Secretary to every Member of the Council, and the candidate, if not disqualified by any Regulation of the Association, may be elected a Member of the Association by the Council at any meeting thereof held not less than one month after the date of the said notice.

The annual subscription to the BRITISH MEDICAL JOURNAL for non-members is £1 8s. 0d. for the United Kingdom and £1 15s. 0d. for abroad.

Printed and published by the British Medical Association at their Office No. 6, Catherine Street, Strand, in the Parish of St. Paul, Covent Garden in the County of Middlesex